

Case Number:	CM15-0035738		
Date Assigned:	03/04/2015	Date of Injury:	04/28/2006
Decision Date:	04/08/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/25/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Arizona, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 58 year old female who sustained an industrial injury on 04/28/2006. Current diagnoses include cervical radiculitis, lumbar radiculitis, headaches, anxiety, depression, insomnia, vitamin D deficiency, chronic pain, fibromyalgia, status post spinal cord stimulator, and chronic regional pain syndrome. Previous treatments included medication management and acupuncture. Report dated 01/28/2015 noted that the injured worker presented with complaints that included neck pain with radiation, low back pain with radiation, right knee pain, and ongoing migraine headaches. Pain level was rated as 3 out of 10 on the visual analog scale (VAS) with medications. Physical examination was positive for abnormal findings. Utilization review performed on 01/28/2015 non-certified a prescription for Lidoderm patch and Relpax, based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Lidoderm 5% patch #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Lidoderm has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. In this case the claimant did not have the above diagnoses. There was no indication of failure of 1st line medications as the claimant was on Duloxetine. Long-term use of topical analgesics such as Lidoderm patches are not recommended. The request for continued and long-term use of Lidoderm patches as above is not medically necessary.

Relpax 20mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head Chapter, Triptans.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- Head chapter and triptans pg 34.

Decision rationale: Relpax is a triptan used for migraine sufferers. In this case, the claimant has chronic headaches that are likely cervical in nature. The diagnosis of migraine was not mentioned in the clinical notes. Therefore, the use of Relpax is not indicated and not medically necessary.