

Case Number:	CM15-0043481		
Date Assigned:	03/13/2015	Date of Injury:	05/13/2010
Decision Date:	04/24/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/06/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 71 year old female who sustained an industrial injury on May 13, 2010. There was no mechanism of injury documented. The injured worker was diagnosed with cervical radiculopathy, cervical facet arthropathy and cervical degenerative disc disease. The injured worker is status post right total knee replacement (no date documented). According to the most recent progress report on September 2, 2014, the injured worker continues to experience persistent right knee pain and neck pain that radiates down the right arm with associated weakness of the extremity. Examination of the cervical spine demonstrated tenderness at the right cervical paraspinals and right trapezius with facet loading pain. Sensation and muscle strength was intact. Spurling's maneuver on the right produced contralateral trapezius pain. Positive Tinel's was documented in both wrists. An Electromyography (EMG) performed in February 2014 was abnormal. The treatment plan is to continue with current modalities of H wave unit, home exercise program and the current request for Lidoderm patches and topical analgesics.

IMR ISSUES, DECISIONS AND RATIONALES

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

CM3- Ketoprofen 20%, 5 refills: 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), Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

Decision rationale: The patient presents with pain and weakness in her right knee, neck and right upper extremity. The request is for CM3-KETOPROFEN 20% WITH 5 REFILLS. Per 09/02/14 progress report, the patient is using Lidopro and Lidoderm patch. The patient has not worked since 05/13/10. Regarding topical Ketoprofen, MTUS page 112 states, "Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. (Diaz, 2006) (Hindsen, 2006) Absorption of the drug depends on the base it is delivered in. (Gurol, 1996). Topical treatment can result in blood concentrations and systemic effect comparable to those from oral forms, and caution should be used for patients at risk, including those with renal failure. (Krummel 2000)" In this case, the treater does not explain what CM3 is and given the lack of support from MTUS for topical Ketoprofen product, the request IS NOT medically necessary.

Lidoderm patch 5% #60 with 5 refills: 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), Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical lidocaine Page(s): 56-57, 112. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Lidoderm.

Decision rationale: The patient presents with pain and weakness in her right knee, neck and right upper extremity. The request is for LIDODERM PATCH 5% #60 WITH 5 REFILLS. Per 09/02/14 progress report, the patient is using Lidopro and Lidoderm patch. The patient has not worked since 05/13/10. MTUS guidelines page 57 states, "topical lidocaine may be 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." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading ODG guidelines, it specifies that lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. In this case, this patient started utilizing Lidoderm patches prior to 07/07/14. None of the reports discuss how Lidoderm patches have been used with what efficacy. This patient presents with neck pain with radicular symptoms in her right upper extremity. There is no documentation of localized, peripheral neuropathic pain for which this product is indicated. Therefore, the request IS NOT medically necessary.

