

Case Number:	CM15-0045462		
Date Assigned:	03/17/2015	Date of Injury:	10/18/2013
Decision Date:	04/17/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/10/2015

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 48 year old male, who sustained an industrial injury on 10/18/2013. The injured worker is currently diagnosed as having lumbar radiculopathy and cervical radiculopathy. Treatment to date has included epidural transforaminal epidural steroid injection, electromyography, cervical and lumbar MRI, and medications. In a progress note dated 08/23/2014, the injured worker presented with complaints of lower back pain which radiates to left leg. The treating physician reported the injured worker to continue Ketoprofen cream, Lidocaine patch, Tramadol, Flexeril, Sentra, Theramine, Anaprox, Prilosec, Remeron, Neurontin, and Terocin. The physician also planned on left sacroiliac joint injection and travel transportation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Relyyks patches (Lidocaine 4%, Menthol 5%) #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

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). 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, the claimant does not have the diagnoses to support the use of topical Lidocaine. The compound Relyyks contains Lidocaine. In addition, the claimant had been using other topical analgesics along with oral analgesics. The use of Relyyks is not medically necessary.