

Case Number:	CM15-0050206		
Date Assigned:	03/23/2015	Date of Injury:	04/25/2011
Decision Date:	05/01/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/17/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 36 year old female, who sustained an industrial injury on 4/25/2011. The mechanism of injury was not noted. The injured worker was diagnosed as having status post C5 through C7 anterior cervical discectomy and fusion, lumbago, cervicalgia, bilateral shoulder impingement, bilateral elbow lateral epicondylitis and cubital tunnel syndrome, and lumbar discopathy. Treatment to date has included surgical intervention and conservative measures, including magnetic resonance imaging of the cervical spine (12/08/2014), physical therapy, and medications. Currently (per PR2 report dated 2/16/2015), the injured worker complains of intermittent pain in the cervical spine, rated 7/10, and frequent low back pain, rated 5/10. Inspection of the cervical spine noted palpable paravertebral muscle tenderness with spasm and limited range of motion. Sensation and strength were normal. Exam of the lumbar spine noted palpable paravertebral muscle tenderness with spasm, positive seated nerve root test, and guarded and restricted range of motion. Strength and sensation were normal. Current medications were not noted. She was awaiting cervical spine surgery for hardware removal. Medication refills were requested. A secondary PR2 report, dated 2/10/2015, noted medication use as including Vicodin and Naproxen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen/Capsaicin Patch #120: 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.

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no documentation of failure of oral form of one or all compound of the patch. Therefore, the request for Ketoprofen/Capsaicin Patch #120 is not medically necessary.

Lidocaine/Hyaluronic Patch #120: 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.

Decision rationale: According to MTUS guidelines, "Lidoderm is the brand name for a Lidocaine patch produced by [REDACTED]. Topical Lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI anti-depressants or an AED such as Gabapentin." In this case, there is no documentation that the patient developed neuropathic pain that did not respond to first line therapy. There is no documentation of efficacy of previous use of Lidocaine patch. Therefore, the prescription of Lidocaine/Hyaluronic (patch) #120 is not medically necessary.