

Case Number:	CM15-0080850		
Date Assigned:	05/01/2015	Date of Injury:	04/30/2010
Decision Date:	06/04/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/27/2015

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: Texas, Florida
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 63 year old female, who sustained an industrial injury on 4/30/2010. The current diagnoses are degeneration of intervertebral disc (site unspecified), displacement of lumbar intervertebral disc without myelopathy, degeneration of lumbar intervertebral disc, osteoarthritis of knee, degeneration of cervical intervertebral disc, and shoulder joint pain. According to the progress report dated 1/7/2015, the injured worker complains of continued pain in the bilateral lower back with radiation to left hip and leg associated with weakness. Additionally, she reports left-sided neck pain with radiation to the left hand associated with left upper extremity weakness. The neck pain is rated 7-8/10 on a subjective pain scale. The current medications are Lidoderm patch, Salonpas patch, Extra Strength Tylenol, and Voltaren gel. Treatment to date has included medication management, MRI studies, physical therapy and chiropractic. The plan of care includes prescription for Lidoderm patches, Salonpas and Voltaren gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patches quantity 30 with five refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Lidoderm Page(s): 111-113; 56-57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 56-57, 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Local Analgesic products.

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical analgesic products can be utilized for the treatment of localized neuropathic pain that did not respond to standard treatment with first line oral NSAIDs, anticonvulsant and antidepressant medications. The records did not show that the patient was diagnosed with localized neuropathic pain such as CRPS. There is no documentation of intolerance or failure of first line medications. The patient is utilizing 3 topical medications concurrently. There is risk of interactions and decreased efficacy of the products. The guidelines recommend that mood stabilizing anticonvulsant and antidepressants be utilized in chronic pain patients with co-existing psychosomatic symptoms. The criteria for the use of Lidoderm 5% #30 5 refills was not met.

Salonpas 0.025% quantity 30 with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 11-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Analgesic Topical Analgesics.

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical analgesic products can be utilized for the treatment of localized neuropathic pain that did not respond to standard treatment with first line oral NSAIDs, anticonvulsant and antidepressant medications. The records did not show that the patient was diagnosed with localized neuropathic pain such as CRPS. There is no documentation of intolerance or failure of first line medications. The patient is utilizing 3 topical medications concurrently. There is risk of interactions and decreased efficacy of the products. The guidelines recommend that mood stabilizing anticonvulsant and antidepressants be utilized in chronic pain patients with co-existing psychosomatic symptoms. The Salonpas contains capsaicin as an active ingredient. The guidelines recommend that capsaicin be utilized as a last option when treatment with oral first line and second line medications have failed. The criteria for the use of Salonpas 0.025% #30 1 refill was not met.

Voltaren 1% topical gel quantity 100gm with five refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Voltaren Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter NSAIDs.

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical analgesic products can be utilized for the treatment of localized neuropathic pain that did not respond to standard treatment with first line oral NSAIDs, anticonvulsant and antidepressant medications. The records did not show that the patient was diagnosed with localized neuropathic pain such as CRPS. There is no documentation of intolerance or failure of first line medications. The patient is utilizing 3 topical medications concurrently. There is risk of interactions and decreased efficacy of the products. The guidelines recommend that mood stabilizing anticonvulsant and antidepressants be utilized in chronic pain patients with co-existing psychosomatic symptoms. The use of topical NSAIDs is indicated for treatment of localized monoarthritic pain of joints in the extremities. The patient was diagnosed with musculoskeletal pain located in the spine and multiple joints. The use of topical NSAIDs is associated with development of tolerance and decreased efficacy. The criteria for the use of Voltaren 1% 100grams 5 refill was not met.