

Case Number:	CM15-0085198		
Date Assigned:	05/07/2015	Date of Injury:	01/04/2008
Decision Date:	07/02/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/04/2015

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, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 65-year-old who has filed a claim for chronic neck, mid back, low back, and shoulder pain with derivative complaints of depression and anxiety reportedly associated with an industrial injury of January 4, 2008. In a Utilization Review report dated April 29, 2015, the claims administrator denied requests for Lidoderm patches, Voltaren gel, topical compounded medications, and a urine drug screen. The claims administrator referenced a RFA form received on April 22, 2015 in its determination, along with a progress note dated April 14, 2015. The applicant's attorney subsequently appealed. On February 9, 2015, the applicant reported ongoing complaints of neck, mid back, and shoulder pain, severe, 8-9/10. The attending provider then stated, somewhat incongruously, that the applicant was profiting from her medications but did not elaborate further. The attending provider stated that the applicant was using alprazolam, Restoril, Voltaren gel, Lidoderm patches, and Cymbalta. The applicant did have issues with gastritis, anxiety disorder, and depression, it was reported in the past medical history section of the note. The applicant also had issues with heartburn and stomach problems, as reported in the review of systems section of the note. Xanax, Cymbalta, Lidoderm, Restoril, and Voltaren gel were endorsed while the applicant was placed off of work, on total temporary disability. On March 10, 2015, the applicant again presented reporting 9/10 bilateral shoulder and neck pain with derivative complaints of depression. Xanax, topical compounded medications, Lidoderm, Restoril, Vicodin, and Voltaren gel were endorsed while the applicant was placed off work, on total temporary disability. The applicant was again placed off of work on March 20, 2015. On April 14, 2015, the applicant then presented with complaints of 9/10 neck, mid back, and bilateral shoulder pain. The applicant continued with chronic pain and

significant functional limitations, the treating provider noted. Multiple medications were renewed, including the topical compounded medication at issue, Cymbalta, Lidoderm patches, Restoril, and Voltaren gel. The applicant was, once again, placed off work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5% patch 1 patch extended release to skin every 12 hours on and off:

Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Lidocaine page(s): 112.

Decision rationale: No, the request for topical Lidoderm patches was not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical Lidoderm is indicated in the treatment of localized peripheral pain and neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants, here, however, the applicant's ongoing usage of Cymbalta, an antidepressant adjuvant medication, effectively obviated the need for the Lidoderm patches at issue. Therefore, the request was not medically necessary.

Diclofenac 3% Baclofen 2% Cyclobenzaprine 2% (apply 1-3 grams to affected area 2-3 x per day): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Similarly, the diclofenac-baclofen-cyclobenzaprine compound was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, baclofen, the secondary ingredient in the compound, is not recommended for topical compound formulation purposes. This results in the entire compounds carrying an unfavorable recommendation, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Voltaren 1% gel apply 4 grams to affected area four x's a day: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren Gel 1% (diclofenac) page(s): 112.

Decision rationale: Similarly, the request for topical Voltaren gel was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Voltaren has not been evaluated for treatment involving the spine, hip, and/or shoulder. Here, however, the applicant's primary pain generators were, in fact, the cervical spine, bilateral shoulders, i.e., body parts for which topical Voltaren has not been evaluated. The attending provider failed to furnish a compelling rationale for ongoing usage of this particular agent in the face of the unfavorable MTUS position on the same for the body parts at issue. Therefore, the request was not medically necessary.

UDS (Urine Drug Screen): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing page(s): 43. Decision based on Non-MTUS Citation ODG Integrated Treatment/ Disability Duration Guidelines Pain (Chronic), Urine drug testing (UDT).

Decision rationale: Finally, the request for urine drug screen was likewise not medically necessary, medically appropriate, or indicated here. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. ODG's Chronic Pain Chapter Urine Drug Testing, however, stipulates that an attending provider attach an applicant's complete medication list to the request for authorization for testing, eschew confirmatory and/or quantitative testing outside of the emergency department drug overdose context, attempt to conform to the best practices of United States Department of Transportation (DOT) when performing drug testing, and attempt to categorize applicants into higher- or lower-risk categories for whom more or less frequent drug testing would be indicated. Here, however, the attending provider did not state when the applicant was last tested. It was not clearly stated what drug tests and/or drug panels were being proposed. The attending provider neither signaled his intention to conform to the best practices of the United States Department of Transportation (DOT) nor signaled his intention to eschew confirmatory and/or quantitative testing here. There was no attempt made to categorize the applicant into higher- or lower-risk categories for whom more or less frequent drug testing is indicated. Since multiple ODG criteria for pursuit of drug testing were not met, the request was not medically necessary.