

Case Number:	CM15-0231205		
Date Assigned:	12/07/2015	Date of Injury:	08/08/2009
Decision Date:	01/14/2016	UR Denial Date:	11/10/2015
Priority:	Standard	Application Received:	11/24/2015

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 [REDACTED] who has filed a claim for chronic low back pain (LBP), reportedly associated with an industrial injury of August 8, 2009. In a Utilization Review report dated November 10, 2015, the claims administrator failed to approve requests for topical lidocaine patches and topical Flector patches. An October 22, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On October 16, 2015, the applicant reported ongoing issues with low back pain radiating to bilateral lower extremities. The applicant was using Lidoderm patches and Flector patches, the treatment provider reported, in addition to Norco, Tylenol No. 4, and Tylenol No. 3, the treatment provider reported 9/10 without medications versus 6/10 pain with medications was reported. The applicant was described as carrying a primary operating diagnosis of "uncontrolled lumbosacral radiculopathy." The applicant's work and functional status were not detailed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine patches 5% #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics, Introduction.

Decision rationale: No, the request for topical lidocaine 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 lidocaine is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first-line therapy of antidepressants and/or anticonvulsants, here, however, the October 16, 2015 office visit at issue made no mention of the applicant's having previously employed anti-depressant adjuvant medications and/or anti-convulsant adjuvant medications prior to the date in question. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and page 47 of the ACOEM Practice Guidelines both stipulate that an attending provider incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, the applicant's work status was not clearly reported on October 16, 2015, suggesting that the applicant was not, in fact, working. The applicant's pain complaints were described as "uncontrolled," the treating provider reported on October 16, 2015. On-going usage of the lidocaine patches failed to curtail the applicant's dependence on opioid agents such as Norco, Tylenol No. 3, and Tylenol No. 4, treatment provider acknowledged. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e. Therefore, the request is not medically necessary.

Flector patches #15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Similarly, the request for topical Flector patches was likewise not medically necessary, medically appropriate, or indicated here. Topical Flector is a derivative of topical diclofenac/Voltaren. However, page 112 of the MTUS Chronic Pain Medical Treatment Guidelines note that topical diclofenac/Voltaren/Flector has "not been evaluated" for treatment of the spine, hip, and/or shoulder. Here, the applicant's sole pain generator, per the October 16, 2015 office visit at issue, was lumbar spine, i.e., the body part for which topical Voltaren/diclofenac/Flector has not been evaluated, per page 112 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.