

Case Number:	CM14-0126327		
Date Assigned:	09/23/2014	Date of Injury:	07/27/2007
Decision Date:	10/24/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/08/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 73-year-old female who reported an injury on 07/27/2007 due to an unknown mechanism. Diagnoses were fibromyositis, displacement of lumbar intervertebral disc without myelopathy, chronic pain syndrome, and depressive disorder. Physical examination on 07/28/2014 revealed complaints of continued pain that radiated from the low back up into the upper back. The injured worker noted that the pain moved to the bilateral lower legs. The injured worker reported that the Voltaren gel was used on the low back and mid back, and helped reduce pain by greater than 50% without adverse effects. The injured worker reported she used the Lidoderm patches at night to help in the reduction of pain and get a better sleep quality. The injured worker reported that the ketoprofen was taken daily and helped reduce the pain by 50%. The injured worker reported difficulty sleeping without the lidocaine patches in particular. Treatment plan was to continue medications as directed and exercise as tolerated. The rationale and request for authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% (700mg/patch) 1-2 Patches Q12H #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60-134.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Salicylate Topicals, page 105, Topical Analgesics, , Lidocaine, Page(s): 11, 112.

Decision rationale: The decision for Lidoderm 5% (700 mg/patch) 1-2 patches every 12 hours, quantity 60 with 1 refill is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first line therapy (tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica). No other commercially approved topical formulations of lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain. The guidelines recommend treatment with topical salicylates. The clinical information submitted does not report that the injured worker has been on a trial of a tricyclic or SNRI antidepressant or an AED such as gabapentin or Lyrica and that it has failed. It was not reported that anticonvulsants and antidepressants have failed. The clinical information submitted does not provide evidence to justify continued use. Therefore, this request is not medically necessary.

Voltaren 1% topical gel 3-4gms QID #3 100gm tubes with 1 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 Guidelines Topical Analgesics, Topical Salicylate, , Diclofenac, Page(s): page 111, 105, pa.

Decision rationale: The decision for Voltaren 1% topical gel, 3 to 4 gms 4 times a day, quantity three 100 gm tubes with 1 refill, is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Voltaren 1% gel (diclofenac) is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment. The medical guidelines recommend topical salicylates. It was not reported that the injured worker had osteoarthritis. The medical guidelines state that topical analgesics are largely experimental use. There were no significant factors provided to justify the continued use of this medication. Therefore, this request is not medically necessary.

Ketoprofen 75mg Q8H prn #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 46-48. Decision based on Non-MTUS Citation Official Disability Guideline (ODG) NSAIDs

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Page(s): page 67.

Decision rationale: The decision for ketoprofen 75 mg, every 8 hours as needed, quantity 60 with 1 refill, is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines indicate that NSAIDs are recommended for short term symptomatic relief of low back pain. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. There should be documentation of objective functional improvement and an objective decrease in pain. The injured worker reported pain relief from taking the ketoprofen 75 mg, 1 every 8 hours, as needed. There was no objective physical examination reported for the injured worker. The clinical information submitted for review does not provide evidence to justify continued use. Therefore, this request is not medically necessary.