

Case Number:	CM14-0164034		
Date Assigned:	10/08/2014	Date of Injury:	08/19/2008
Decision Date:	11/07/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/06/2014

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 Family Medicine, and is licensed to practice in Arizona. 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:

Patient is a 68 year old female with a date of injury on 8/19/2008. Diagnoses include lumbar degenerative disc disease, occipital neuralgia, post-traumatic stress disorder, acid reflux, anxiety, seizure disorder, essential tremors and depression. Subjective complaints are of right hand tremors and headaches. Physical exam shows slight right upper extremity tremor that was high frequency and low amplitude, and numbness in the right face, arm, and leg. Treatment has included physical therapy, medication management, immobilization, chiropractic therapy, psychiatric consultation, and lumbar epidural injections. Medications include amitriptyline, gabapentin, Amrix, Celebrex, Lidoderm patch, Voltaren gel, Keppra, aspirin, Inderal, and Dexilant.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 tablets of Inderal 10mg: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com/inderal.html

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA: Inderal www.drugs.com

Decision rationale: CA MTUS and the ODG do not address the use of Inderal. FDA prescribing information indicates that Inderal is used to treat tremors, angina, hypertension, heart rhythm disorders, and to reduce severity and frequency of migraine headaches. This patient has a diagnosis of essential tremor and headaches. Therefore, the use of Inderal is consistent with prescribing information, and is medically necessary.

9 tubes of Voltaren Gel: 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): 111-113.

Decision rationale: CA MTUS indicates that topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but with a diminishing effect over another 2-week period. CA MTUS also indicates that topical NSAIDS are not recommended for neuropathic pain as there is no evidence to support their use. CA MTUS does indicate that they are recommended for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints amenable to topical treatment. For this patient, documentation does not indicate its use in an anatomical area that is amendable for treatment. Therefore, the request for topical Voltaren is not medically necessary.

180 patches of Lidocaine 5%: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines LIDODERM Page(s): 56.

Decision rationale: CA MTUS states that topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy. Lidocaine in the form of lidoderm is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. For this patient, submitted documentation does not provide evidence for post-herpetic neuralgia or objective evidence consistent with neuropathic pain that would be amendable to topical lidocaine. Therefore, the request for lidocaine patches is not medically necessary.