

Case Number:	CM14-0165500		
Date Assigned:	10/10/2014	Date of Injury:	10/29/1990
Decision Date:	11/12/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/07/2014

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 Pain Management and is licensed to practice in California. 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 61-year-old female who sustained an injury on October 29, 1999. She is diagnosed with (a) lumbar radiculopathy, (b) chronic low back pain, (c) failed back syndrome, (d) neurogenic bowel and bladder, (e) insomnia secondary to pain, and (f) neuropathic pain. She was seen for an evaluation on October 15, 2014. She complained of persistent low back pain and reported having 6/10 in severity with radiation to the right lower extremity. She had constant sharp, shooting neuropathic pain radiating from her right leg to the right foot. She reported that Flector patches decreased throbbing right ankle pain and swelling and was able to walk on it. Lidoderm patches helped with her burning and shooting type of pain. The examination revealed antalgic gait on the right. Spasms were present over the lumbar paraspinal muscles. There was stiffness noted in the lumbar spine. Dysesthesia was noted to light touch in the right lower extremity. Strength was 4/5 in the right lower extremity distally.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector Patch 1.3% apply to skin twice a day #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Diclofenac, topical (Flector®®, Pennsaid®®, Voltaren®® Gel)

Decision rationale: The request for Flector patch is not medically necessary at this time. There was no mention of failed trial of first-line treatment to consider Flector patch as the Official Disability Guidelines do not recommend topical diclofenac as a first-line treatment. There was no indication in the reviewed medical records as well that the injured worker is at risk of adverse effects from oral nonsteroidal anti-inflammatory drugs. Conditions for the topical use of diclofenac were not met by this worker.

Meloxicam 7.5mg by mouth twice a day #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Meloxicam (Mobic)

Decision rationale: The request for Meloxicam is not medically necessary at this time. The Official Disability Guidelines stated that meloxicam is used for the relief of signs and symptoms of arthritis. This injured worker is not diagnosed with arthritis nor does she exhibit any objective findings indicative of osteoarthritis.

Lidoderm patch 5% 12 hours off two at a time #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57.

Decision rationale: The request for Lidoderm patch is not medically necessary at this time. Per the Chronic Pain Medical Treatment Guidelines, topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or serotoninorepinephrine reuptake inhibitors anti-depressants or an antiepileptic drugs such as gabapentin or Lyrica). This is not a first-line treatment and is only Food and Drug Administration approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. The medical records failed to establish the necessity of this medication. More so, topical formulation of this medication is indicated primarily for localized peripheral pain after evidence of failed trial of first-line therapy. The medical records failed to provide evidence that there was failure of first-line therapy to warrant the use of Lidoderm patch.

Adjustable Quad Cane: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Walking aids (canes, crutches, braces, orthoses, & walkers)

Decision rationale: The request for adjustable quad cane is not medically necessary at this time. Per the Official Disability Guidelines (ODG), cane use, in conjunction with a slow walking speed, lowers the ground reaction force, and decreases the biomechanical load experienced by the lower limb. However, there was no indication in the reviewed medical records why an adjustable quad cane is being prescribed. The clinical findings of the injured worker were not significant enough to necessitate the use of an adjustable quad cane.