

Case Number:	CM14-0181301		
Date Assigned:	11/06/2014	Date of Injury:	10/09/2009
Decision Date:	12/16/2014	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	10/31/2014

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 Interventional Spine 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 patient is a 57 years old female with an injury date on 10/09/2008. Based on the 05/15/2014 progress report provided by an Orthopedist, the diagnoses are: 1. Pain elbow 2. Cervicalgia. According to this report, the patient complains of constant neck pain that radiates to the right elbow. Physical exam reveals tenderness at the cervical spine, trapezius muscle, right elbow, and lateral epicondyle. Cozen test is positive. The 04/24/2104 report indicates the patient complains of neck pain with headaches and difficulty sleeping. There were no other significant findings noted on this report. The utilization review denied the request on 10/20/2014. The requesting provider provided treatment reports from 04/24/2014 to 05/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Capsaicin 10 %/ 0.025 %, #120: 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 Cream Page(s): 111-113.

Decision rationale: According to the 05/15/2014 report by an Orthopedist this patient presents with neck pain that radiates to the right elbow, headaches and difficulty sleeping. The treater is requesting Flurbiprofen / Capsaicin 10% /0.025% #120 but the treating physician's report and request for authorization containing the request is not included in the file. The most recent progress report is dated 05/15/2014 and the utilization review letter in question is from 10/20/2014. Regarding topical NSAIDs MTUS states: This class in general is only recommended for relief of osteoarthritis pain in joints that lend themselves to topical treatment: ankle, elbow, foot, hand, knee, and wrist. In this case, the patient does not meet the indication for the topical medication as she does not present with peripheral joint osteoarthritis/tendinitis problems for which topical NSAIDs are indicated. MTUS specifically states "There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder." The request is not in accordance with MTUS. Therefore the request is not medically necessary.

Lidocaine/Hyaluronic patches 6%/ 0.2%, #120: 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 Cream Page(s): 111-113.

Decision rationale: According to the 05/15/2014 report by an Orthopedist this patient presents with neck pain that radiates to the right elbow, headaches and difficulty sleeping. The treater is requesting Lidocaine / Hyaluronic patches 6%/0.2%, #120 but the treating physician's report and request for authorization containing the request is not included in the file. The most recent progress report is dated 05/15/2014 and the utilization review letter in question is from 10/20/2014. The MTUS guidelines state that Lidoderm patches may be recommended for neuropathic pain that is peripheral and localized when trials of antidepressants and anti-convulsants have failed. Review of the reports show the patient has cervical neuropathic pain but this is not a localized condition. Furthermore, the treater does not discuss how this patch is used and with what effect. MTUS page 60 require documentation of pain and function when medications are used for chronic pain. The request is not medically necessary.