MAXIMUS Federal Services

Case Number:	CM15-0015210		
Date Assigned:	02/03/2015	Date of Injury:	04/10/1998
Decision Date:	03/24/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	01/27/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 54 year old male, who sustained an industrial injury on April 10, 1998. The diagnoses have included cervical disc disease and bilateral rotator cuff impingement. A progress note dated January 13, 2015 provides the injured worker reports H-wave helps with pain along with oral medication. His pain is in the neck and shoulders and is rated 4/10 with treatment and 8/10 without treatment. He has had spinal fusion and rotator cuff repair.On January 13, 2015 utilization review non-certified a request for Medi-patches #30 The Medical Treatment Utilization Schedule (MTUS) Chronic Pain guidelines were utilized in the determination. Application for independent medical review (IMR) is dated January 26, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medi-patches #30: 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 based on Non-MTUS Citation drugs.com, Medi-Patch

Decision rationale: With regard to the request for Medi-Patch, this patch consists of capsaicin, lidocaine, menthol, and methyl salicylate according to drugs.com, an online drug database. The capsaicin concentration is noted to be 0.035% which is in excess of the CPMTG, which state that there is no evidence for a capsaicin formulation above 0.025%. The lidocaine 0.5% is also not indicated, because the CPMTG states: "Topical Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." Therefore, no other topical formulation of lidocaine aside from Lidoderm is recommended by the CPMTG.Since every component of a topical medication should be recommended for the topical to be recommended per guidelines, this request is not medically necessary.