

Case Number:	CM15-0113871		
Date Assigned:	06/22/2015	Date of Injury:	01/26/2001
Decision Date:	07/24/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/12/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 59-year-old who has filed a claim for neck, hand, shoulder, and forearm pain reportedly associated with an industrial injury of January 26, 2001. In a Utilization Review report dated June 2, 2015, the claims administrator failed to approve requests for topical Lidoderm patches and topical Flector patches. The claims administrator referenced a May 4, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On May 4, 2015, the applicant reported multifocal complaints of neck pain, forearm pain, and headaches reportedly associated with cumulative trauma at work. 3-4/10 pain complaints were noted. Multiple palpable tender points were noted, along with a positive Spurling maneuver. The applicant was given refills of Lyrica, naproxen, Lidoderm, and Flector. Trigger point injections were performed. Additional 10 sessions of physical therapy were proposed. The attending provider stated that the applicant's medications were beneficial in terms of maintaining the applicant's activities of daily living but did not elaborate further. The applicant's work status was not outlined. On February 6, 2015, the applicant again reported 3-4/10 multifocal complaints of neck pain, forearm pain, and headaches. A positive Spurling maneuver and multiple palpable tender points were noted. Lyrica, Celebrex, naproxen, Lidoderm, and Flector were renewed and/or continued. The attending provider stated that he also performed periodic trigger point injections. Once again, the applicant's work status was not detailed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patch (no quantity): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren Gel 1% (diclofenac); Functional Restoration Approach to Chronic Pain Management Page(s): 112; 7.

Decision rationale: The request for topical Flector patches was not medically necessary, medically appropriate, or indicated here. Topical Flector is a derivative of topical diclofenac/Voltaren. However, page 112 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical Voltaren/diclofenac/Flector has not been evaluated for treatment of the spine, hip, and/or shoulder. Here, the applicant's primary pain generator was, in fact, the cervical spine, i.e., a body part for which topical Voltaren/diclofenac/Flector had not been evaluated. The applicant's ongoing usage of numerous first-line oral pharmaceuticals, including naproxen, Celebrex, Lyrica, etc., effectively obviated the need for the Flector patches in question. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that an attending provider incorporate some discussion of applicant-specific variable such as other medications into his choice of recommendations. Here, the attending provider stated that on February 2, 2015 that the applicant was using three separate NSAIDs, Celebrex, naproxen, and the Flector patches at issue. A clear rationale for usage of so many different NSAIDs was not established. Therefore, the request was not medically necessary.

Lidoderm patch 5% (no quantity): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine; Pain Mechanisms Page(s): 112 ; 3.

Decision rationale: Similarly, the request for topical Lidoderm patches was likewise not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there have been a trial of first-line therapy with antidepressants and/or anticonvulsants, here, however, the applicant's ongoing usage of Lyrica, an anticonvulsant adjuvant medication, per a progress note of May 4, 2015, effectively obviated the need for the Lidoderm patches in question. It is further noted that the applicant's presentation on office visits of May 4, 2015 and February 12, 2015 was not suggestive of neuropathic pain for which the topical Lidoderm patches in question could have been employed. Neuropathic pain, per page 3 of the MTUS Chronic Pain Medical Treatment Guidelines is characterized by symptoms such as lancinating, electric shock like, numbing, tingling, and/or burning sensations. Here, however, the applicant was described as having myofascial, muscular pain complaints about the neck, forearms, etc., on progress notes of February 2, 2015 and May 4, 2015. Therefore, the request for topical Lidoderm patches was not medically necessary.