

Case Number:	CM15-0115164		
Date Assigned:	06/23/2015	Date of Injury:	10/14/2002
Decision Date:	07/24/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	06/15/2015

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: Connecticut, California,

Virginia

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 injured worker is a 52-year-old female, who sustained an industrial injury on 10/14/02. She reported pain in her neck and arms. The injured worker was diagnosed as having complex regional pain syndrome, cervicgia, ulnar neuropathy, medial epicondylitis and median neuropathy. Treatment to date has included an H-wave unit, an EMG/NCS on 3/5/13 showing impingement of C5-C6 on the left, acupuncture and physical therapy. Current medications include Butrans patch, Norco, Theramine, Lidocaine patch and Fluriprofen cream. As of the PR2 dated 5/6/15, the injured worker reports cervical spine tightness and pain with radiation to the head. She rates her pain 4-5/10 with medications and 8/10 without medications. Objective findings include decreased cervical range of motion and tenderness to light touch over the midline in the neck, right shoulder and bilateral trapezius up to cervical area. The treating physician requested Medi patch #30 and Exoten C lotion #2.

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 analgesic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

Decision rationale: The MTUS guidelines on Topical Analgesics describe topical treatment as an option; however, topical are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Medi Patches include lidocaine as an ingredient. The MTUS states specifically that any compound product that contains at least one drug (or class) that is not recommended is not recommended. Lidocaine is not recommended as a topical lotion or gel for neuropathic pain, categorizing the requested compound as not recommended by the guidelines. The lack of evidence to support use of topical compounds like those that the one requested makes the requested treatment not medically indicated per the MTUS. This request is not medically necessary.

Exoten C lotion #2: 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: The MTUS guidelines on Topical Analgesics describe topical treatment as an option, however, topical are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The MTUS states specifically that any compound product that contains at least one drug (or class) that is not recommended is not recommended. The lack of evidence to support use of topical compounds like those that the one requested coupled with the lack of evidence for functional improvement using topical (return to work, etc.) and failed treatment by other modalities makes the requested treatment not medically necessary.