

Case Number:	CM15-0063627		
Date Assigned:	04/09/2015	Date of Injury:	05/27/2013
Decision Date:	05/08/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	04/03/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

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 was a 34 year old female, who sustained an industrial injury, May 27, 2013. The injured worker received the following treatments in the past Toradol injection, orbital X-rays, lumbar spine MRI, EMG/NCS (electrodiagnostic studies and nerve conduction studies) low extremities, Icy-Hot Patches and Tylenol #3. The injured worker was diagnosed with degenerative disc disease at L5-S1 and left S1 radiculopathy. According to progress note of February 20, 2015, the injured workers chief complaint was back pain radiating to the left buttocks, back of the thigh, calf and heel. The injured worker rated the pain 2 out of 10 without activity, 4 out of 10 with activity; 0 being no pain and 10 being the worse. The injured worker was having sitting intolerance. The physical exam noted tenderness in the left sciatic notch. There was restricted range of motion of the lumbar spine. The treatment plan included Biofreeze and Lidocaine 5% patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biofreeze: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Topp R1, et. al., The effect of either topical menthol or a placebo on functioning and knee pain among patients with knee OA., J Geriatr Phys Ther. 2013 Apr-Jun; 36(2):92-9. doi: 10.1519/JPT.0b013e318268dde1.

Decision rationale: The MTUS and ODG do not specifically address topical menthol use, however, they consider all topical analgesics somewhat experimental due to limited quality studies to show effectiveness and safety. Topical use of menthol, however, is very safe and has some evidence to show that it is effective at both reducing pain as well as increasing function with chronic pain. At least a trial of topical menthol may be indicated, however, in order to justify continuation a clear documentation of pain reduction and functional improvement with its use is required. Biofreeze is a topical product with the active ingredient being menthol. In the case of this worker, the Biofreeze appeared to not have been offered until this request. Therefore, it would be reasonable to consider using Biofreeze at least for a trial. However, the request did not specify the amount requested, which is required. Therefore, the request will be considered medically unnecessary until the request is more specific.

Lidocaine 5% #30 patches: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch), pp. 56-57, AND Topical Analgesics, Lidocaine p. 112.

Decision rationale: The MTUS Guidelines for Chronic Pain state that topical lidocaine is not a first-line therapy for chronic pain, but may be recommended for localized peripheral neuropathic pain after there has been evidence of a trial of first-line therapy (including tri-cyclic, SNRI antidepressants, or an AED such as gabapentin or Lyrica). Topical lidocaine is not recommended for non-neuropathic pain as studies showed no superiority over placebo. In the case of this worker, there was record of having been prescribed topical lidocaine gel, but there was no record found documenting its effect on the worker's pain and function levels. There was also record of having been prescribed gabapentin, however, there was no detail provided as to why it was discontinued and if it failed or not. Therefore, without more clear reporting of the effectiveness of gabapentin (first line therapy for neuropathic pain) as well as lack of reported benefit with topical lidocaine use in the past, the current request for Lidocaine 5% #30 will be considered medically unnecessary until this information is provided for review.