

Case Number:	CM15-0066483		
Date Assigned:	04/14/2015	Date of Injury:	06/14/2006
Decision Date:	05/18/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/08/2015

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, Illinois

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 62-year-old female, with a reported date of injury of 06/14/2006. The diagnoses include multiple rib fractures, status post T7 fracture, and chronic pain. Treatments to date have included oral medications, topical pain medications, and left thoracotomy and reconstruction with a cage and rib graft. The office visit report dated 10/23/2014 indicates that the injured worker complained of back pain, and left rib pain. The physical examination showed tenderness about the left chest wall in the anterior aspect. The treating physician requested Skelaxin 800mg #120, Flector patch 1.3% #30, and Lidoderm patch 5% #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patches 1.3%, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): s 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): s 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Flector patch (diclofenac epolamine).

Decision rationale: The injured worker sustained a work related injury on 06/14/2006. The medical records provided indicate the diagnosis of multiple rib fractures, status post T7 fracture, and chronic pain. Treatments to date have included oral medications, topical pain medications, and left thoracotomy and reconstruction with a cage and rib graft. The medical records provided for review do not indicate a medical necessity for Flector patches 1.3%, #30 Flector patch is a topical analgesic containing diclofenac. The topical Analgesics are regarded as experimental drugs primarily used in the treatment of neuropathic pain that has failed trial of antidepressants and anti-epilepsy drugs. The MTUS does not recommend the use of any compounded product that contains at least one drug (or drug class) that is not recommended. Although the MTUS recommends the use of Voltaren Gel 1% (diclofenac) for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist), the MTUS states that it has not been evaluated for treatment of the spine, hip or shoulder. The Official Disability Guidelines states that Flector patch is FDA indicated for acute strains, sprains, and contusions. Based on the above the requested treatment is not medically necessary.

Lidoderm patches 5%, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Lidoderm (lidocaine patch) Page(s): s 111-113 and 56.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): s 56-57.

Decision rationale: The injured worker sustained a work related injury on 06/14/2006. The medical records provided indicate the diagnosis of multiple rib fractures, status post T7 fracture, and chronic pain. Treatments to date have included oral medications, topical pain medications, and left thoracotomy and reconstruction with a cage and rib graft. The medical records provided for review do not indicate a medical necessity for Lidoderm patches 5%, #30. Lidoderm is a Topical Analgesic, a brand name for a lidocaine patch produced by [REDACTED]. Topical analgesics may be 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 Antiepilepsy drugs. The MTUS states that lidoderm patch is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. The records do not indicate the injured worker is being treated for Post-herpetic neuralgia. Based on the above the requested treatment is not medically necessary.