

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM13-0025971 | | |
| Date Assigned: | 12/11/2013 | Date of Injury: | 04/05/2009 |
| Decision Date: | 02/12/2014 | UR Denial Date: | 09/12/2013 |
| Priority: | Standard | Application Received: | 09/18/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, has a subspecialty in Cardiovascular Disease and is licensed to practice in Texas. 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 physician 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/services.

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 patient is a 41-year-old female who reported an injury on 04/05/2009. The patient is currently diagnosed with cervical spondylosis, left shoulder internal derangement, and thoracic outlet syndrome. The patient is also diagnosed with cervicogenic headaches and sleep/mood disorder secondary to chronic pain syndrome. The patient was seen by [REDACTED] on 08/08/2013. Physical examination was not provided. The treatment recommendations included continuation of current medication including Lidocaine gel, Voltaren gel, and Vimovo.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine Cream 3%: Upheld

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

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

Decision rationale: The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical Lidocaine is FDA approved for neuropathic pain following a trial of first line therapy with tricyclic or SNRI antidepressants and anticonvulsants such as

gabapentin and Lyrica. No other commercially approved topical formulations of Lidocaine (cream, lotion, or gel) are indicated for neuropathic pain. As per the clinical notes submitted, there is no indication that this patient has failed to respond to first line oral medication prior to the initiation of a topical analgesic. As Guidelines do not recommend any other topical formulation of Lidocaine other than a patch, the current request cannot be determined as medically appropriate. Therefore, the request for Lidocaine Cream 3% is non-certified

Vimovo 500mg 20/20mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72 68-69.

Decision rationale: Vimovo contains esomeprazole and naproxen. The California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. There is no evidence to recommend 1 drug in this class over another based on efficacy. The California MTUS Guidelines further state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a non-selective NSAID. As per the clinical notes submitted, there is no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. Additionally, evidence-based Guidelines recommend a trial of uncompounded components before the use of compounded formulations. There is also no evidence of a failure to respond to first line oral acetaminophen prior to initiation of an NSAID, as recommended by California MTUS Guidelines. Based on the clinical information received, the request for Vimovo 500mg 20/20mg is non-certified.

Voltaren Gel 1%: Upheld

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

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

Decision rationale: The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical NSAIDs are recommended for a short term, including 4 to 12 weeks. The only FDA approved topical NSAID includes diclofenac or Voltaren gel. Voltaren gel is indicated for the relief of osteoarthritis pain in joints that lend themselves to topical treatment. It has not been evaluated for treatment of the spine, hip, or shoulder. As per the clinical notes submitted, the patient is currently diagnosed with cervical spondylosis, left

shoulder internal derangement, and thoracic outlet syndrome. There is no evidence-based recommendation for topical Voltaren gel for this patient's condition. There is also no evidence of a failure to respond to first line oral medication prior to initiation of a topical analgesic. Based on the clinical information received, the request for Voltaren Gel 1% is non-certified.