

Case Number:	CM13-0028498		
Date Assigned:	09/12/2014	Date of Injury:	08/06/2008
Decision Date:	10/24/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/24/2013

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 80-year-old male who reported an injury on 08/06/2008, and the mechanism of injury was not provided. On 08/26/2014, the injured worker presented with right shoulder pain. Upon examination of the right shoulder, the range of motion values were 170 degrees of abduction, 45 degrees of extension and 60 degrees of flexion. Tenderness noted to the rotator cuff with thinning of the supraspinatus and infraspinatus muscles. The diagnoses were chronic right shoulder pain with neuropathic component, status postsurgical repair times 2, history of probable rheumatoid arthritis and status post right inguinal surgery with placement of mesh on knee 2013. Current medications included Vicodin and Lidoderm patches. The provider recommended Lidoderm and Voltaren gel. The provider's rationale was not provided. The Request for Authorization Form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches one to three per day #90 with three refills: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Guidelines state topical Lidoderm may be recommended for localized peripheral pain after there has been evidence of a trial of a first line therapy, tricyclic or SNRI antidepressants or AED such as Gabapentin or Lyrica. This not the first line treatment and it is only FDA approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. There is lack of documentation that the injured worker has a diagnosis congruent with the guideline recommendation. Additionally, the efficacy of the prior use of the medication was not provided. There is lack of exceptional factors provided in the documentation submitted to support approving outside the guideline recommendations. As such, medical necessity has not been established.

Voltaren gel 2m #5-100g tubes with three refills: 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.

Decision rationale: The MTUS Chronic Pain Guidelines state that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug that is not recommended is not recommended. Many agents are compounded with monotherapy or in combination for pain control including NSAIDS, opioids, capsaicin, local anesthetics, antidepressants or glutamate receptor antagonists. There is little to no research to support the use of many of these agents. There is lack of documentation of a failed trial of an antidepressant or anticonvulsant. Additionally, the provider's request does not indicate the site at which the Voltaren gel is indicated for in the request as submitted. As such, the medical necessity has not been established.