MAXIMUS Federal Services

| Case Number: | CM13-0031572 | | |
|---|---|---|---|
| Date Assigned: | 12/04/2013 | Date of Injury: | 06/04/1997 |
| Decision Date: | 10/23/2014 | UR Denial Date: | 09/19/2013 |
| Priority: | Standard | Application Received: | 10/03/2013 |

## 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 Occupational Medicine and is licensed to practice in Colorado. 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 62-year-old female who sustained a work injury in 1997 resulting in continued complaints of hand, left wrist, low back, right hip, shoulder pain and permanent disability. Most current medical record of 8/22/13 by treating provider reports continued pain complaints as noted above. An examination notes tenderness to right metacarpophalangeal index finger and forearm musculature, full range of motion (ROM). Recommendation is for follow up with rheumatologist and psychiatrist for medication management, Lidoderm patches and Voltaren gel for pain. Diagnoses include fibromyalgia and chronic pain syndrome.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm Patch 5% #90 Three Every Day:** 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) Page(s): 56.

**Decision rationale:** Based on a review of the documents it is determined that the requested lidoderm patch is not medically recommended. The medical treatment guidelines do not support the use of this topical medication in non-neuropathic (nerve) pain conditions and is

recommended only after attempts with oral antidepressant and anticonvulsant medications have failed. The information provided in the medical records reflects pain in the finger and forearm with no indication that this is a neuropathic (nerve origin) pain condition and there is no mention of attempts or failure of antidepressant or anticonvulsant medications as recommended by the medical treatment guidelines.

**Voltaren Gel For Pain Control:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

**Decision rationale:** Based on a review of the documents provided it is determined that the requested medication is not medically necessary. The information provided does not meet the criteria of the medical treatment guidelines for use of this topical medication as there is no specific diagnosis of the condition being treated such as neuropathic pain or osteoarthritis, and there is no indication of failure of oral medication or special circumstances for use of topical medication. The guidelines do not recommend topical medications as a first line treatment and when utilized there are generally utilized for neuropathic pain and for osteoarthritis with non-steroidal anti-inflammatory drugs (NSAID) use. While the medical records reflect finger and forearm pain, it is unclear as to the specific diagnosis of what is being treated. Also, the medical records do not reflect that oral medication has been attempted or failed. Topical medications are largely experimental in use with few trials determining efficiency and safety. Therefore, the requested service is considered not medically necessary for the patient at this time.