

Case Number:	CM13-0033445		
Date Assigned:	12/06/2013	Date of Injury:	03/09/2011
Decision Date:	05/02/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/09/2013

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 Occupational Medicine, 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 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. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 9, 2011. Thus far, the applicant has been treated with following: Analgesic medications; attorney representation; topical agents; transfer of care to and from various providers in various specialties; unspecified amounts of acupuncture; electrodiagnostic testing of July 30, 2013, notable for an L5-S1 radiculopathy; and work restrictions. In a Utilization Review Report of September 24, 2013, the claims administrator denied request for Lidoderm patches and Voltaren gel. The applicant's attorney subsequently appealed. On October 1, 2013, the applicant was described as having persistent low back pain issues. She was apparently using Norco for pain relief purposes. Work restrictions were again endorsed. On September 5, 2013, the applicant was described as using Naprosyn, Norco, Neurontin, and Prilosec for chronic low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM PATCHES 1%, #1 WITH 5 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): 112.

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, Lidoderm patches are indicated in the treatment of localized peripheral pain/neuropathy pain in individuals in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants. In this case, however, the employee is described as using a first-line anticonvulsant medication, Neurontin, with reportedly good effect, effectively obviating the need for the Lidoderm patches. Therefore, the request remains not certified, on Independent Medical Review.

VOLTAREN GEL 1%, #1 WITH 5 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): 112.

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, Voltaren gel is indicated in the treatment of arthritis pain in small joints which lend themselves toward topical treatment, such as ankle, knee, elbows, feet, hands, etc. Voltaren gel has not been indicated for treatment of the spine, hip, or shoulder. In this case, the employee has low back pain. Voltaren gel is not indicated in the treatment of the same, per page 112 of the MTUS Chronic