

Case Number:	CM13-0046581		
Date Assigned:	12/27/2013	Date of Injury:	10/25/2007
Decision Date:	02/24/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	10/30/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

This is a female patient with a date of injury of October 25, 2007. A utilization review determination dated October 30, 2013 recommends noncertification of Lidoderm patch and Voltaren gel. A progress report dated October 23, 2013 identifies subjective complaints of neck pain with numbness into the right upper extremity. The note indicates that Norco and Flexeril are being prescribed by [REDACTED] office. The note indicates that Motrin has caused gastritis but topical agents do not. Current medications include Celebrex, Lidoderm, Nexium, Norco, Nucynta ER, Tizanidine, and Voltaren gel. Physical examination identifies decreased sensation along the C4 and C6 nerve distribution with limited cervical range of motion in all directions. Diagnoses include chronic neck pain, status post C4-6 fusion, new cervical disc lesion above and below with severe stenosis, cervical spondylosis, myofascial pain, anxiety, and poor sleep hygiene. Treatment plan recommends Nucynta ER, trial of Celebrex, discontinue Motrin, restart Lidoderm patch, and restart Voltaren gel. Medications tried and failed states not applicable. A progress report dated September 5, 2013 indicates that the patient is prescribed Lidoderm patch, Voltaren gel, Norco, and Zanaflex. A progress report dated August 14, 2013 states, "I would like to use Lidoderm patches or Voltaren gel since it works but work comp will not authorize it anymore." A progress report dated March 6, 2013 includes a treatment plan recommending Lidoderm patch and Flector patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Lidoderm Patches 5% 1 to 3, to the affected area 12 hours on, 12 hours off for pain: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Topical Lidocaine: 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 112 of 12.

Decision rationale: Regarding the request for Lidoderm patch, Chronic Pain Medical Treatment Guidelines state that topical lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy. Within the documentation available for review, there is no indication that the patient has failed first-line therapy. Additionally, there is no indication of localized peripheral neuropathic pain (radiculopathy would be defined as referred neuropathic pain). Finally, there is no documentation of analgesic efficacy of this medication (in terms of percent reduction in pain or reduced NRS) or specific objective functional improvement. In the absence of clarity regarding the above issues, the currently requested a Lidoderm is not medically necessary.

Topical Voltaren Gel apply as directed for TID for pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Non-steroidal anti-inflammatory agents (NSAIDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Topical Non-steroidal anti-inflammatory agents (NSAIDs): 9792.20 - 9792.26 MTUS (Effect.

Decision rationale: Regarding the request for Voltaren gel, guidelines state that topical NSAIDs (non-steroidal anti-inflammatory) are recommended for short-term use. Oral NSAIDs contain significantly more guideline support, provided there are no contraindications to the use of oral NSAIDs. Within the documentation available for review, there's no indication that the patient has obtained any specific analgesic effect (in terms of percent reduction in pain or reduced NRS) or specific objective functional improvement from the use of Voltaren gel. Additionally, it appears the patient is currently being prescribed Celebrex, an anti-inflammatory medication with considerably more guideline support. Finally, it does not appear that the prescription of Voltaren is for short term use, as recommended by guidelines. In the absence of clarity regarding those issues, the currently requested Voltaren gel is not medically necessary.