

Case Number:	CM13-0048511		
Date Assigned:	12/27/2013	Date of Injury:	01/24/2007
Decision Date:	11/05/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/06/2013

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 30-year-old male who reported an injury on 01/24/2007. The mechanism of injury was not specified. His diagnoses included chronic left elbow pain, chronic right elbow pain, chronic neuropathic pain on the left upper extremity, chronic left shoulder sprain, chronic right shoulder pain, chronic left wrist and left forearm pain, chronic right wrist pain, chronic depression secondary to industrial injury and disability, and chronic cervical and thoracic myofascial pain with some lumbar myofascial pain. His previous treatments included medications. His diagnostics were not provided. It was noted that he had left elbow surgery on 11/16/2007. On 05/06/2014, the injured worker reported pain in both arms, wrists, forearms, elbows, and shoulders. It was noted that he had not been provided with his medication. The physical examination revealed tenderness to both wrists and elbows, and medial and lateral epicondylar tenderness. There was bilateral forearm tenderness and bilateral upper arm tenderness, along with bilateral rotator cuff tenderness. The notes indicated that he had paracervical tenderness and parathoracic tenderness with lower thoracic and lumbar spasms present. It was noted that the injured worker was not taking his medications, as he had not been provided with them. The treatment plan was for Voltaren gel 2 grams and Lidoderm patches 90 count, 3 boxes. The rationale for the request and the Request for Authorization form were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel 2 Grams: 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): 56-57.

Decision rationale: Based on the clinical information submitted for review, the request for Voltaren gel 2 grams is not medically necessary. According to the California MTUS Guidelines, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Voltaren gel is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment and have not been evaluated for treatment of the spine, hip, or shoulder. The injured worker reported upper extremity pain. The guidelines indicate that topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed; however, it was noted that he had not received his medications which included Cymbalta and Gabapentin, therefore, it is not appropriate to assume that he has failed antidepressant and antiepileptic drug therapy as they are the first line of treatment for neuropathic pain. Furthermore, the request failed to provide the frequency and the amount, as well as directions for application for the medication as prescribed. As such, the request for Voltaren gel, 2 grams, is not medically necessary.

Lidoderm Patches #90 (3 Boxes): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

Decision rationale: Based on the clinical information submitted for review, the request for Lidoderm patches, 90 count, 3 boxes, is not medically necessary. According to the California MTUS Guidelines, topical Lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first line therapies, such as a tricyclic or SNRI antidepressant and an antiepileptic drug such as gabapentin or Lyrica. The guidelines indicate that Lidoderm is not a first line treatment and is only FDA approved for postherpetic neuralgia. The injured worker reported that he had upper extremity pain. It was noted that he was taking gabapentin and Cymbalta; however, there was insufficient documentation to determine the effectiveness of the medications. Also, the guidelines indicate that Lidoderm is only FDA approved for postherpetic neuralgia, which clinical documentation submitted for review did not specify that the injured worker suffered from post herpetic neuralgia. Since it was noted that the injured worker had not received his medications, which included Gabapentin and Cymbalta, it is not appropriate to assume that he has failed antidepressant and antiepileptic drug therapy as they are the first line of treatment for neuropathic pain. Furthermore, the request failed to provide the dosage and the frequency of the patches as prescribed. As such, the request for Lidoderm patches, 90 count, 3 boxes is not medically necessary.

