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| Case Number: | CM13-0048632 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 10/12/2009 |
| Decision Date: | 04/18/2014 | UR Denial Date: | 10/30/2013 |
| 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 Neurology, has a subspecialty in Neuromuscular 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 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 patient is a 44-year-old female who sustained a work-related injury on October 12, 2009. Subsequently, she developed chronic shoulder pain and upper extremities pain. She was diagnosed with bilateral shoulder strain, medial and lateral epicondylitis. According to a note from October 1, 2013, the patient was complaining of the upper and lower back pain. Her physical examination demonstrated cervical and lumbar tenderness with limited range of motion. The patient was treated with Norco, Cymbalta, and Atarax. The MRI of lumbar spine from February 3, 2011 demonstrated L4-L5 disc bulging.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 LIDODERM PATCHES 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): 56.

Decision rationale: According to MTUS guidelines, Lidoderm is the brand name for a lidocaine patch produced by [REDACTED]. Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI

anti-depressants, or an AED). In this case, there is no documentation that the patient developed neuropathic pain and the need for Lidoderm patch is unclear. In addition, there is no strong evidence supporting its efficacy in chronic neck and back pain. Therefore, the requested Lidoderm patches are not medically necessary.

VOLTAREN GEL 2G #15 100G TUBE 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: According to the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no clear evidence that the patient developed neuropathic pain. There is no documentation of failure or intolerance of NSAIDs or oral first line medications for the treatment of pain. There is no justification for the use of Voltaren. Therefore, the prospective request for Voltaren gel is not medically necessary.