

Case Number:	CM14-0013696		
Date Assigned:	02/26/2014	Date of Injury:	03/30/1999
Decision Date:	06/30/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/03/2014

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 Preventive 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:

Patient is a 79 year-old female with date of injury 03/30/1999. The medical record associated with the request for authorization, a primary treating physician's progress report, dated 12/17/2013 lists subjective complaints as continued low back and neck pain that radiates to her bilateral shoulder blades. Objective findings: Examination of the cervical spine revealed decreased range of motion and trapezius muscles were tender to palpation. Examination of the right shoulder revealed decreased range of motion within functional limits. Biceps tendon was tender to palpation. Examination of the right hip revealed the greater trochanter was tender to palpation. Diagnosis: 1. Cervical spine strain 2. Lumbar radiculopathy 3. Right greater trochanter bursitis. The medical records provided for review document that the patient has been taking the following medications since at least as far back as 09/17/2013. Medications: 1. Lidoderm 5% #60, no SIG given 2. Voltaren gel 1%, no SIG given.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM 5% #60/ DENIED BY PHYSICIAN ADVISOR-PEER REVIEWER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, Topical Analgesic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, 9792.20-9792.26 Page(s): 112.

Decision rationale: Topical Lidocaine, in the formulation of a dermal patch (Lidoderm®) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. The medical record and history provide evidence of neuropathic pain. Lidoderm 5% #60 is not medically necessary.

VOLTAREN 1%/ DENIED BY PHYSICIAN ADVISOR-PEER REVIEWER: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (Odg) Pain (Chronic), Voltaren Gel (Diclofenac).

Decision rationale: According to the Official Disability Guidelines, Voltaren gel is not recommended as a first as a first-line treatment, and is recommended only for osteoarthritis after failure of oral NSAIDs, or contraindications to oral NSAIDs, or for patients who cannot swallow solid oral dosage forms, and after considering the increased risk profile with Diclofenac, including topical formulations. Documentation in the medical record does not meet guideline criteria. Voltaren 1% is not medically necessary.