

Case Number:	CM14-0148992		
Date Assigned:	09/18/2014	Date of Injury:	09/21/2007
Decision Date:	12/22/2014	UR Denial Date:	08/16/2014
Priority:	Standard	Application Received:	09/12/2014

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 Physical Medicine and Rehabilitation 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:

This 57 year-old patient sustained an injury on 9/21/07 while employed by [REDACTED]. Request(s) under consideration include Lidocaine 5% topical ointment 50gms #2 tubes with 2 refills and Voltaren 1% topical gel 100gms #2 tubes with 2 refills. Diagnoses include Hip Enthesopathy and Disorder of the coccyx. Report from the provider noted the patient with chronic ongoing right hip and knee pain rated at 5/10 associated with numbness, stiffness, and weakness in the right lower leg aggravated by activities of climbing stairs and walking. Exam showed antalgic gait on right in forward flexed posture; decreased sensation in right groin and upper anterior thigh. Report of 8/8/14 noted treatment with topicals for his enthesopathy and coccyx disorder. The request(s) for Lidocaine 5% topical ointment 50gms #2 tubes with 2 refills and Voltaren 1% topical gel 100gms #2 tubes with 2 refills were denied on 8/16/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 5% topical ointment 50gms #2 tubes with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications Page(s): 111-113.

Decision rationale: This 57 year-old patient sustained an injury on 9/21/07 while employed by [REDACTED]. Request(s) under consideration include Lidocaine 5% topical ointment 50gms #2 tubes with 2 refills and Voltaren 1% topical gel 100gms #2 tubes with 2 refills. Diagnoses include Hip Enthesopathy and Disorder of the coccyx. Report from the provider noted the patient with chronic ongoing right hip and knee pain rated at 5/10 associated with numbness, stiffness, and weakness in the right lower leg aggravated by activities of climbing stairs and walking. Exam showed antalgic gait on right in forward flexed posture; decreased sensation in right groin and upper anterior thigh. Report of 8/8/14 noted treatment with topicals for his enthesopathy and coccyx disorder. The request(s) for Lidocaine 5% topical ointment 50gms #2 tubes with 2 refills and Voltaren 1% topical gel 100gms #2 tubes with 2 refills were non-certified on 8/16/14. Review indicated the patient has been prescribed the topical analgesics since at least September 2012. Chronic symptoms and clinical findings remain unchanged with medication refilled. The patient exhibits diffuse tenderness and pain on the exam with radiating symptoms. The chance of any type of topical improving generalized symptoms and functionality significantly with such diffuse pain is very unlikely. Topical Lidocaine is indicated for post-herpetic neuralgia, according to the manufacturer. There is no evidence in any of the medical records that this patient has a neuropathic source for the diffuse pain. Without documentation of clear localized, peripheral pain to support treatment with Lidocaine along with functional benefit from treatment already rendered, medical necessity has not been established. There is no documentation of intolerance to oral medication. Lidocaine 5% topical ointment 50gms #2 tubes with 2 refills are not medically necessary and appropriate.

Voltaren 1% topical gel 100gms #2 tubes with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: This 57 year-old patient sustained an injury on 9/21/07 while employed by [REDACTED]. Request(s) under consideration include Lidocaine 5% topical ointment 50gms #2 tubes with 2 refills and Voltaren 1% topical gel 100gms #2 tubes with 2 refills. Diagnoses include Hip Enthesopathy and Disorder of the coccyx. Report from the provider noted the patient with chronic ongoing right hip and knee pain rated at 5/10 associated with numbness, stiffness, and weakness in the right lower leg aggravated by activities of climbing stairs and walking. Exam showed antalgic gait on right in forward flexed posture; decreased sensation in right groin and upper anterior thigh. Report of 8/8/14 noted treatment with topicals for his enthesopathy and coccyx disorder. The request(s) for Lidocaine 5% topical ointment 50gms #2 tubes with 2 refills and Voltaren 1% topical gel 100gms #2 tubes with 2 refills were non-certified on 8/16/14. Review indicated the patient has been prescribed the topical analgesics since at least September 2012. Voltaren Topical Gel may be recommended as an option in the treatment of osteoarthritis of the joints (elbow, ankle, knee, etc..) for the acute first few weeks; however, it not recommended for long-term use beyond the initial few weeks of treatment. The patient's injury was in 2007 and has been prescribed the topical NSAID since at least 2012.

There is no significant documented pain relief or functional improvement from treatment already rendered from this topical NSAID nor is there a contraindication to an oral NSAID use for this patient. The Voltaren 1% topical gel 100gms #2 tubes with 2 refills are not medically necessary and appropriate.