

<b>Case Number:</b>	CM14-0152289		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	08/10/1993
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	08/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2014

### 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 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 is a 55-year-old male with an 8/10/93 date of injury. A specific mechanism of injury was not described. According to a progress report dated 8/27/14, the patient was seen for a follow-up. He has a history of radial nerve entrapment and both medial and lateral epicondylitis. He has found success with using Lidoderm patches on each elbow at night. This has been successful for his tendonitis in his elbow and has decreased his pain and improved his mobility and activity through the day. He applies 1 patch on each elbow at night and removes for 12 hours each day. He also uses topical Diclofenac for the same issue, which he applies 1-2 times a day, which helps decrease his pain and improve his functional ability. The provider prefers to avoid oral anti-inflammatories, which would run some risk with his stomach and kidneys long-term. He also uses Neurontin, which helps with his radial nerve entrapment. He takes Neurontin 900mg 4 times a day. He has to take the 300mg capsules due to difficulty swallowing the larger pills. He has tried Neurontin 800mg and was unable to swallow this without having this get stuck frequently, and so this was changed to the 300nmmg capsules, which he can tolerate much better. Objective findings: left and right elbows with some tenderness over the medial and lateral epicondyle, pain into forearms, no numbness or tingling down into the hand and his strength is equal bilaterally. Diagnostic impression: radial nerve entrapment, bilateral medial and lateral epicondylitis. Treatment to date: medication management, activity modification, surgery. A UR decision dated 8/13/14 denied the requests for Diclofenac Sodium 3% gel and Lidocaine 5% adhesive patch. Regarding Diclofenac gel, guidelines do not support novel concentrations of accepted medications and there is no clear bioequivalence of these products. Regarding lidocaine patch, the use of a lidocaine patch is not described in the notes so medical necessity has not been justified as there are no details on the area this is being applied and the benefit.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Diclofenac Sodium 3% gel, 300 grams:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section and Diclofenac Section.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines 9792.24.2 Boswellia Serrata Resin, Capsaicin, Topical Analgesics Page(s): 25, 18 111-.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that Ketoprofen, Lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The only FDA-approved topical NSAID is Voltaren gel, 1% Diclofenac. This formulation of Diclofenac is not FDA-approved and guidelines do not support the use of NSAIDS in a topical cream/lotion formulation. In addition, it is noted that the provider wishes to avoid oral anti-inflammatories, however, there is no documentation that the patient is unable to tolerate oral medications or has an underlying condition that would place him at an increased risk of adverse effects. A specific rationale identifying why this topical compounded medication would be required in this patient despite lack of guideline support was not provided. Therefore, the request for Diclofenac Sodium 3% gel, 300 grams was not medically necessary.

**Lidocaine 5% adhesive patch, 180 count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section and Lidocaine Section.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Treatment Guidelines 9792.24.2 Lidoderm (lidocaine patch Page(s): 56-57. Decision based on Non-MTUS Citation Guidelines (ODG) Pain Chapter - Lidoderm

**Decision rationale:** CA MTUS states that 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 such as gabapentin or Lyrica). ODG states that Lidoderm is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. It is documented that the patient has found success with using Lidoderm patches on each elbow at night. He applies 1 patch on each elbow at night and removes for 12 hours each day. This has been successful for his tendonitis in his elbow and has decreased his pain and improved his mobility and activity through the day. In addition, it is noted that the patient has been taking Neurontin, however, has difficulty swallowing the large capsules. Guidelines support the continued use of Lidoderm patches if the area for treatment is designated as well as number of planned patches and duration for use (number of hours per day). Furthermore, there is

documentation that the patient has had a trial of Neurontin, a first-line agent for neuropathic pain. However, this is a request for a 6-month supply of medication. Routine monitoring is required to determine the efficacy and adverse effects of medication. A specific rationale as to why this patient requires a 6-month supply at this time was not provided. Therefore, the request for Lidocaine 5% adhesive patch, 180 counts, as submitted, was not medically necessary.