MAXIMUS Federal Services

Case Number:	CM14-0024338		
Date Assigned:	06/11/2014	Date of Injury:	12/02/2009
Decision Date:	07/15/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/26/2014

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 Internal Medicine & Emergency Medicine and is licensed to practice in Florida. 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 patient is a 43 year-old with a date of injury of 12/02/09. A progress report associated with the request for services, dated 01/07/14, identified subjective complaints of left shoulder pain. Objective findings included tenderness, swelling, and decreased range-of-motion of the left shoulder. Diagnoses included shoulder pain; low back pain; and mood disorder. Treatment has included physical therapy and oral and topical analgesics. A Utilization Review determination was rendered on 01/29/14 recommending non-certification of "Voltaren 1% gel 100gram tube #3 and Lidoderm patch 5% patch (700mg/patch) #30".

IMR ISSUES, DECISIONS AND RATIONALES

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

VOLTAREN 1% GEL 100GRAM TUBE #3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Topical Analgesics Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Topical Analgesics.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines state that topical analgesics are recommended as an option in specific circumstances.

However, they do state that they are "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed."Voltaren (diclofenac) is an NSAID being used as a topical analgesic. The MTUS Guidelines note that the efficacy of topical NSAIDs in clinical trials has been inconsistent and most studies are small and or short duration. Recommendations primarily relate to osteoarthritis where they have been shown to be superior to placebo during the first two weeks of treatment, but either not afterward, or with diminishing effect over another two week period. The Guidelines also state that there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. They are indicated for relief of osteoarthritis pain in joints that lend themselves to treatment (ankle, elbow, foot, hand, knee, and wrist). In neuropathic pain, they are not recommended as there is no evidence to support their use. The Official Disability Guidelines (ODG) also does not recommend them for widespread musculoskeletal pain.In this case, there is no documentation of the failure of conventional therapy or documented functional improvement. Likewise, it is not indicated for the shoulder. Therefore, the record does not document the medical necessity of Voltaren (diclofenac) as an NSAID topical agent.

LIDODERM PATCH 5% PATCH (700MG/PATCH) #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, LIDODERM (LIDOCAINE PATCH) Page(s): 56-57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines idoderm (lidocaine patch) Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Lidoderm.

Decision rationale: Lidoderm (lidocaine patch) is a topical anesthetic. The Medical Treatment Utilization Schedule (MTUS) states: "Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI antidepressants or an anti-epilepsy drug such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia."The Official Disability Guidelines (ODG) also state that Lidoderm is not recommended until after a trial of first-line therapy. The following criteria are listed for use: Recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology; there should be evidence of a trial of first-line neuropathy medications (tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica);This medication is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger joints; An attempt to determine a neuropathic component of pain should be made; and The area for treatment should be designated as well as number of planned patches and duration of use (number of hours per day); A trial of patch treatment is recommended for a short-term period and Continued outcomes should be intermittently measured and if improvement does not continue, lidocaine patches should be discontinued. Therefore, in this case, there is no documentation of the neuropathic component of the pain, the above criteria are not met, including failure of conventional first-line therapy, or documented functional improvement for the medical necessity of Lidoderm.