

<b>Case Number:</b>	CM14-0030744		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	10/26/1991
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	02/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2014

### 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 Anesthesia, has a subspecialty in Acupuncture & Pain 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 69 year old female injured worker with date of injury 10/26/91 with related left shoulder pain. She is status post left shoulder acromioplasty in 12/91, and left shoulder surgery in 1993. Per 11/20/13 progress report, she presented due to trapezius flare up and a 2 mg Dexamethasone/ 2% Lidocaine injection was been injected to her left shoulder. She tolerated it well. On examination, her left shoulder was mildly restricted. There was positive tenderness laterally. Her deltoid muscle had atrophy on the left side. Speed test was positive as well. Her biceps tendon was tender and Apley scratch test was positive on her left side. She had forward flexion of 120 degrees on the left. She also had tenderness over the left acromioclavicular joint. Imaging studies were not available in the documentation submitted for review. The documentation submitted for review did not state whether physical therapy was utilized. She has been treated with trigger point injections, and medication management. The date of UR decision was 2/18/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One month supply of Voltaren Gel 1%:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**Decision rationale:** With regard to topical NSAIDs, MTUS states "These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. (Mason, 2004) Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks)." Voltaren Gel 1% specifically is "Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist)." As the requested medication has no evidence supporting its use for the shoulder, medical necessity cannot be affirmed.

**One month supply of Lidocaine Pad 5%:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines p112 states Lidocaine Indication: Neuropathic pain 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). 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. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The medical records submitted for review do not indicate that there has been a trial of first-line therapy (tri-cyclic or SNRI antidepressants or an AED). There is also no diagnosis of diabetic neuropathy or post-herpetic neuralgia; and no indication of neuropathy per the medical records. As such, lidocaine pad 5% is not recommended at this time. The request is not medically necessary.