

Case Number:	CM14-0065296		
Date Assigned:	07/11/2014	Date of Injury:	07/31/2003
Decision Date:	12/23/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/08/2014

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 podiatric surgery and is licensed to practice in New York. 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:

According to the enclosed information, the original date of injury for this patient was 7/31/2003. The patient's right foot was injured. On 1/22/2014 patient presented to their podiatrist with complaints of chronic right foot pain. Patient states that they have been to a pain management physician which did not work out because of the location and distance. Patient is out of their Norco and states that Wellbutrin helps the pain. The physical exam states that there is overall hypersensitivity to the entire right foot, difficult to wear shoes, wears birkenstocks. Diagnoses include neuropathy, traumatic arthropathy, posterior tibial tendinitis, crushing injury toe, pain foot/ankle. During this visit the pain medications were refilled that. On 2/20/2014 a request for authorization of medical treatment was placed by this patient's physician, requesting Voltaren 1% gel and lidocaine 5% patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 1% Gel: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical NSAIDS Page(s): 111-112.

Decision rationale: After careful review of the enclosed information and the pertinent guidelines for this case, it is my feeling that the request for Voltaren gel 1% is not medically reasonable and necessary for this patient according to the guidelines.. The chronic pain medical treatment guidelines state that: with regards to neuropathic pain, Voltaren gel is not recommended as a treatment. Neuropathic pain: Not recommended as there is no evidence to support use. FDA-approved agents: Voltaren Gel 1% (diclofenac): Indicated for relief of osteoarthritis pain in joints that lends themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. The progress note states that this patient has hypersensitivity to their right foot with pain. There is a diagnosis of neuropathy noted in the progress notes. This patient is also on a tricyclic antidepressant/welbutrin. For this reason I feel that they meet the criteria for coverage of a lidocaine patch. This patient does not have a diagnosis of osteoarthritis, which Voltaren gel may be recommended for. This patient's diagnosis is that of neuropathic pain, therefore Voltaren 1% Gel is not medically necessary.

Lidocaine 5% Patch: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical medications Page(s): 111-112.

Decision rationale: After careful review of the enclosed information and the pertinent guidelines for this case, it is my feeling that the request for lidocaine 5% patch is medically reasonable and necessary for this patient. The chronic pain medical treatment guidelines state that lidocaine topical patches are indicated for neuropathic pain. Lidocaine patches are 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 progress note states that this patient has hypersensitivity to their right foot with pain. There is a diagnosis of neuropathy noted in the progress notes. This patient is also on a tricyclic antidepressant/welbutrin. For this reason Lidocaine 5% Patch is medically necessary.