

<b>Case Number:</b>	CM14-0070550		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	07/31/2012
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	04/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2014

### 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 & 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:

The Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines indicate that the use of topical non-steroidal anti-inflammatories for treatment of osteoarthritis tendinitis, and Voltaren gel is indicated for the relief of osteoarthritis pain in the joints that lend themselves to topical treatment such as; the ankle, elbow, foot, knee, hand, and wrist. It has not been evaluated for treatment of the spine, hip, and shoulder. In this injured worker's case, the medical records provided for review did not indicate that the she is being treated for osteoarthritis pain in the joints. Further, the medical records indicate that the injured worker has been on this medication for a significant length of time (since November 2013) and the efficacy of this medication to address the injured worker's symptoms has not been demonstrated, as the most recent progress note indicated the injured worker had "no significant improvements" since her last exam. Therefore, it can be concluded that the medical necessity of Voltaren 1% gel, two times a day is not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren 1% Gel, apply to affected area 2 times per day: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, specific drug list & adverse effects, Topical analgesics Page(s): 70-71, 111-112.

**Decision rationale:** The Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines indicate that the use of topical non-steroidal anti-inflammatories for treatment of osteoarthritis tendinitis, and Voltaren gel is indicated for the relief of osteoarthritis pain in the joints that lend themselves to topical treatment such as; the ankle, elbow, foot, knee, hand, and wrist. It has not been evaluated for treatment of the spine, hip, and shoulder. In this injured worker's case, the medical records provided for review did not indicate that the she is being treated for osteoarthritis pain in the joints. Further, the medical records indicate that the injured worker has been on this medication for a significant length of time (since November 2013) and the efficacy of this medication to address the injured worker's symptoms has not been demonstrated, as the most recent progress note indicated the injured worker had "no significant improvements" since her last exam. Therefore, it can be concluded that the medical necessity of Voltaren 1% gel, two times a day is not medically necessary.

**Hydrocodone/APAP Norco 10/325 mg tablet, take 1-2 per day, #60 with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On Going Management, Opioids for chronic pain, Opioids, Hydrocodone/ acetaminophen Page(s): 78, 80-82, 91.

**Decision rationale:** The Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines indicate that Norco is prescribed for moderate to moderately severe pain. The guidelines further indicate that this opiate medication should be monitored using the "4 A's" which include analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. There is a lack of documentation indicating specific functional effect of the medication, proper analgesic effect from the medication, and increase in the injured worker's ability to undertake activities of daily living, or to address the adverse side effects of this medication. There is a lack of documentation of urine drug screens to monitor medication compliance and for risk stratification. Therefore, it can be concluded that the medical necessity of hydrocodone/acetaminophen Norco 10/325 mg tab, take 1-2 per day, #60 with 2 refills is not medically necessary.

**Lidoderm 5% Patch, 700 mg/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 Lidoderm, Topical analgesics Page(s): 56-57, 111-112.

**Decision rationale:** The Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines recommend the use of Lidoderm patch for localized peripheral neuropathic pain, after there was evidence of a trial of first line therapy. The medical records submitted do not indicate that the injured worker was prescribed the first-line therapy inclusive of tricyclic or serotonin-norepinephrine reuptake inhibitors (SNRIs) anti-depressants or failure anti-epileptic drugs. Also, there is no electromyogram (EMG) evidence for radiculopathy from the cervical spine. The injured worker is diagnosed with carpal tunnel syndrome. This medication is only recommended for post herpetic neuralgia and can be used in other neuropathic pain syndromes with further research, but this has not been demonstrated in this case. Additionally, there is a lack of documentation regarding the efficacy of this medication for the injured worker's symptoms and there was no indication that this medication has specifically helped the injured worker. Therefore, it can be concluded that the medical necessity of Lidoderm 5% patch (700 mg/ patch) is not medically necessary.