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| Case Number: | CM14-0078792 | | |
| Date Assigned: | 08/06/2014 | Date of Injury: | 10/25/2010 |
| Decision Date: | 09/23/2014 | UR Denial Date: | 04/30/2014 |
| Priority: | Standard | Application Received: | 05/29/2014 |

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 and Rehabilitation and 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 injured worker is a 67-year-old female who reported an injury after a backward fall from an office chair with wheels on 10/25/2010. On 01/06/2014, her diagnoses included lumbar disc displacement without myelopathy and lumbago. Her medications included Lidoderm 5% patch, Norco 5/325 mg, omeprazole DR 20 mg, Naprosyn EC 500 mg, Zanaflex 4 mg, and Voltaren 1% gel. The rationale for the requested Voltaren gel was that this injured worker had failed trials of gabapentin and Lyrica, and had also failed trials with ibuprofen and naproxen. It was further noted that she had gastritis and gastric reflux with the use of NSAIDs. There was no rationale for the requested Lidoderm patch and no Request for Authorization included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 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 Analgesics Page(s): 111-113.

Decision rationale: The request for Lidoderm 5% patch is not medically necessary. The California MTUS Guidelines refer to topical analgesics as largely experimental 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. Lidocaine is recommended for localized peripheral pain after there has been evidence of failed trials of first-line therapy, including tricyclic antidepressants. The only form of FDA-approved topical application of lidocaine is the 5% transdermal patch for neuropathic pain. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. Although it was noted that this worker failed trials of anti-epileptic medications, there was no documentation submitted of failed trials of antidepressant medications. This injured worker does not have a diagnosis of postherpetic neuralgia. Additionally, there was no quantity of patches included in the request, nor a frequency or directions for application. Furthermore, no body part was identified on which these patches were to have been used. Therefore, this request for Lidoderm 5% patch is not medically necessary.

Voltaren Gel 1%: 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 Analgesics Page(s): 111-113.

Decision rationale: The request for Voltaren gel 1% is not medically necessary. The California MTUS Guidelines refer to topical analgesics as largely experimental 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. The only FDA-approved NSAID for topical application is Voltaren Gel 1% (diclofenac), which is Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. Although it was noted that this worker failed trials of anti-epileptic medications, there was no documentation submitted of failed trials of antidepressant medications. This injured worker does not have a diagnosis of postherpetic neuralgia. Additionally, there was no quantity of gel included in the request, nor a frequency or directions for application. Furthermore, no body part was identified on which this gel was to have been used. Therefore, this request for Voltaren gel 1% is not medically necessary.