

Case Number:	CM14-0084797		
Date Assigned:	07/21/2014	Date of Injury:	04/20/2011
Decision Date:	10/15/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/05/2014

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 is licensed to practice in Texas. 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 29 year old female who sustained an industrial injury on 4/20/2011. The mechanism of injury is a slip and fall on a puddle of water, sustaining injury to the low back. She is currently off work. An October 2011 EMG/NCS of the bilateral lower extremities indicated evidence of moderate to severe lumbosacral radiculopathy at the L4-5 level bilaterally. She is post gastric bypass in June 2013, and has decreased from 297 to 160 lbs. A prior peer review on 5/21/2014 certified the request for Lyrica CAP 75mg #30mg, and non-certified the requests for Voltaren gel 1%, docqplace 100mg #30, and Lidocaine Pad 5%. According to the 5/12/2014 medical report, the patient's chief complaints are lumbar back pain and bilateral leg radiculopathy. She is treating with Butrans 5mcg x 7 days and Lyrica 75mg q daily. She is post gastric bypass and has been cleared to resume oral medications. Pain is rated 7/10 of low back pain with radiation down into the right greater than left lower extremities. She ambulates with antalgic gait without assistive device. Current medications are Lyrica 75mg po BID, Lidoderm, and Omeprazole. Physical examination denotes limited lumbar flexion/extension, tenderness, negative SLR bilaterally, decreased sensation in right L4-5 and L5-S1, and 2+ bilateral DTRs. She is administered a Toradol injection. Diagnoses are lumbar DDD, lumbar radiculopathy, and numbness and tingling. Patient management is to continue medications, discontinue Butrans, begin voltaren gel, and request ESIs and chiropractic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel 1% #100: 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: According to the CA MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Regarding topical NSAIDs, the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Voltaren Gel 1% (diclofenac) is an FDA approved topical analgesic agent that is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment. It has not been evaluated for treatment of the spine, hip or shoulder. This patient is diagnosed with lumbar DDD and lumbar radiculopathy. The medical records fail to establish Voltaren gel is appropriate and medically necessary for the treatment of this patient's complaint and diagnoses.

Docqlace 100mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0000100/>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Long-term Users of Opioids (6-months or more), Page(s): 77,88.

Decision rationale: Regarding long-term opioid management, the guidelines recommend routine re-assessment should include documentation of any adverse effects with the medications, such as constipation. However, this patient is not currently maintained on opioids. Additionally, she does not report any constipation. The medical necessity for Docqlace is not established.

Lidocaine 5% #30: 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 (lidocaine patch), Topical Analgesics, Page(s): 56-57,111-113.

Decision rationale: The guidelines state topical lidocaine may be 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. The patient continues Lyrica. However, there is no evidence of failure of first-line therapies and no evidence the patient has post-herpetic

neuralgia or diabetic neuropathy. Therefore, the medical necessity of Lidoderm 5% has not been established.