

Case Number:	CM14-0087230		
Date Assigned:	07/23/2014	Date of Injury:	12/06/2012
Decision Date:	09/16/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/10/2014

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 Illinois. 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 38-year-old female who reported an injury 12/06/2012. The mechanism of injury was not provided within the medical records. The clinical note dated 07/03/2014 indicated diagnoses of lumbosacral strain with no evidence of disc bulging, clinically resolving with therapy, right hip pain, right knee lateral meniscus tear, possible medial meniscus tear right shoulder, bicipital tenosynovitis, and right ankle pain with ossicle. The injured worker reported pain to the right knee in the anterolateral aspect of the right shoulder, especially anteriorly as well as right hip on her inner groin and inner thigh. The injured worker reported her lower back pain had improved with physical therapy; however, the injured worker reported pain about her right ankle and that she had not seen the podiatrist. On physical examination of the lumbosacral spine, there was tenderness to palpation that was less than before with decreased range of motion. The examination of the right shoulder revealed tenderness anteriorly. The injured worker had full range of motion with pain with a positive Neer's and Hawkins impingement sign. The injured worker's right knee examination revealed tenderness laterally and minimal tenderness medially; however, the knee was stable. The examination of the right ankle revealed some tenderness on the anterolateral aspect of her ankle with a small ossicle that was palpable. The injured worker's treatment plan included request for podiatrist for her right ankle followup for lumbosacral spine refer to psychiatry for stress, x-ray of pelvis, continued therapy, and followup in 4 weeks. The injured worker's prior treatments included diagnostic imaging, physical therapy, and medication management. The provider submitted a request for Voltaren gel and Lidoderm patch. A request for authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel: 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.

Decision rationale: The request for Voltaren Gel is not medically necessary. The California MTUS guidelines indicates that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Voltaren 1% (Diclofenac) 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. It was not indicated if this was a trial prescription or if the injured worker had been utilizing this medication; however, the provider did not indicate a rationale for the request. In addition, if the injured worker had been utilizing Voltaren gel, there was lack of evidence of efficacy and functional improvement with the use of this medication. Moreover, the request did not indicate a frequency, dosage, or quantity for this medication. Therefore, the request for Voltaren gel is not medically necessary.

Lidoderm Patches: 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): 111-112.

Decision rationale: The request for Lidoderm Patches is not medically necessary. The California MTUS guidelines indicates that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines state any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines indicate that topical Lidocaine (Lidoderm) 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). No other commercially approved topical formulations of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. It was not indicated if the injured worker had been utilizing this medication or if this was a trial prescription. In addition, the provider did not indicate a rationale for the request. Moreover, if the injured worker had been utilizing this medication, there is lack of documentation of efficacy and functional improvement with the use of this medication. Additionally, it was not indicated if the injured worker had a trial of a first

line therapy such as Gabapentin or Lyrica. Moreover, the request does not indicate a frequency, dosage, or quantity for this medication. Therefore, the request for Lidoderm patches is not medically necessary.