

Case Number:	CM14-0094891		
Date Assigned:	07/25/2014	Date of Injury:	06/01/2012
Decision Date:	09/12/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	06/23/2014

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 Oklahoma and 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 injured worker is a 59 year-old male who reported an injury due to repetitive climbing on 06/01/2012. The clinical note dated 02/16/2014 indicated diagnoses of peripheral neuropathy involving the medial plantar nerves bilateral, microcirculation compromised, possibly secondary to alcohol consumption or tobacco use, possible left lower extremity radiculopathy secondary to L5 nerve root compromise in the lumbar spine, and chronic foot pain secondary to the above. The injured worker reported foot pain described as achy, and reported numbness and tingling. The injured worker rated his pain 7/10 with prolonged walking and cold weather. The injured worker reported pain rated 4/10 with warm weather and would reduce to 2/10 to 3/10. The injured worker reported that numbness continued regardless of the warm weather. The injured worker reported if he tried to go up ladders his pain would escalate to 8/10. On physical examination of his feet, there was redness noted above the feet bilaterally. The injured worker reported continued pain and numbness and tingling experienced in his feet with weight-bearing of any type. The injured worker's vascular examination revealed blanched feet with weight-bearing bilaterally that did not reprofuse. With vascular testing the injured worker had very poor blanch and fill all of his toenails and the skin structure around both feet. There was a rubrous discoloration with dependency which then blanched and did not reprofuse well. The injured worker had good pulses. Dorsalis pedis pulse was 2 and normal bilaterally, and posterior tibialis pulse was 2 and normal bilaterally. The injured worker's current medication regimen included Voltaren Gel, Lidoderm patch, and topical cream of Kohana. The injured worker reports these medications control pain and increase function. The injured worker's prior treatments included diagnostic imaging and medication management. The provider submitted a request for Voltaren Gel, Lidoderm patch, and Kohana sample. 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 1% #5: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, Voltaren Gel Page(s): 111.

Decision rationale: The California MTUS states Voltaren Gel 1% (Diclofenac) is an FDA-approved agent indicated for relief of osteoarthritis pain in joints that lends themselves to topical treatment such as the ankle, elbow, foot, hand, knee, and wrist. It has not been evaluated for treatment of the spine, hip or shoulder. Maximum dose should not exceed 32 g per day (8 g per joint per day in the upper extremity and 16 g per joint per day in the lower extremity). Although the injured worker reported the medications controlled pain and increased function, it is indicated that the injured worker has been utilizing Voltaren Gel since at least 06/25/2012. Voltaren Gel is indicated for short-term use only. This exceeds the guidelines' recommendation of short-term use. In addition, documentation submitted did not indicate that the injured worker had findings that would support he was at risk for osteoarthritis of the hip, spine, or shoulder. Moreover, the provider did not indicate a rationale for the request. Furthermore, the request did not indicate a dosage, frequency or quantity for this medication. Therefore, the request for Voltaren Gel is not medically necessary.

Lidoderm patches 5% #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, Lidoderm Page(s): 56-57.

Decision rationale: The California MTUS 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. No other commercially approved topical formulations of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. It was not indicated how long the injured worker had been utilizing this medication. In addition, the provider did not indicate a rationale for the request. Moreover, the request did not indicate a dosage or frequency. Therefore, the request for Lidoderm is not medically necessary.

Kohana sample: 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 California Chronic Pain Medical Treatment Guidelines State topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety and primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, Capsaicin, local anesthetics, antidepressants, Glutamate receptor antagonists, adrenergic receptor agonist, Adenosine, cannabinoids, cholinergic receptor agonists, prostanoids, Bradykinin, Adenosine Triphosphate, biogenicamines, and nerve growth factor). There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. It was not indicated how long the injured worker had been utilizing this medication. Moreover, it was not indicated if the injured worker has tried and failed antidepressants and anticonvulsants. The provider did not indicate a rationale for the request. Additionally, there was a lack of documentation 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 Kohana is not medically necessary.