

Case Number:	CM14-0190431		
Date Assigned:	11/21/2014	Date of Injury:	04/22/2009
Decision Date:	01/09/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/14/2014

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 Family Medicine and is licensed to practice in California 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:

This is a 53 year old male patient who sustained an injury on 4/22/2009. He sustained the injury while carrying a 20-25 pound computer monitor approximately 600 feet, he felt neck and back pain. The current diagnoses include cervicalgia, depressive disorder and cervical disc displacement and lumbar degenerative disc disease. Per the doctor's note dated 10/1/14, patient had worse pain after lumbar fusion surgery. He had gastric disturbances with constipation. Per the doctor's note dated 9/19/14, he had complaints of low back pain with radiation to the lower extremities and numbness in the right foot; neck pain with bilateral hand numbness. Physical examination revealed cervical spine- pain with range of motion, Forward flexion 50, extension to 45, rotation to the right 35 and to the left 40, lateral flexion 15 degrees in each direction, palpable cervicothoracic paraspinal muscle spasm with myofascial trigger points and twitch response with referral of pain, pain and slightly diminished sensation in the right forearm and hand; lumbar spine- ambulation with a single-point walking cane, slow and antalgic gait toward the right., healed complex lumbar and abdominal surgical incisions, limited range of motion of his lumbar spine by pain to 45 of forward flexion, extension to neutral, right lateral flexion 20 and left lateral flexion 15 degrees, palpable lumbar paraspinal muscle spasm with myofascial trigger points and twitch response with referral of pain, numbness to palpation over the right foot, 4/5 dorsiflexion bilaterally, positive straight-leg raise on the right at 60 degrees and low back pain with straight-leg raise at 70 degrees on the left. The current medication list includes Norco, Zanaflex, Ativan, Celexa, Wellbutrin, Ambien, Voltaren Gel and Lidoderm Patch. He has had MRI lumbar spine dated 6/21/12 which revealed at L5-S1 right paracentral disc protrusion and moderate foraminal stenosis bilaterally and at L4-5, left paracentral disc protrusion and foraminal stenosis, moderate on the left and mild on the right. He has undergone right C3, C4, C5 and C6 facet medial branch neurotomy using radiofrequency on 10/1/12; lumbar fusion at L4-

L5 and L5-S1 on 3/18/2013 and exploratory laparotomy end sigmoid colostomy on 3/22/13. He has had physical therapy visits for this injury. He has had urine drug screen on 8/6/14 which was positive for Hydrocodone, Dihydrocodeine and Lorazepam.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 100 mg (tubes): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section Page(s): 111 - 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain (updated 11/21/14) Voltaren® Gel (diclofenac)

Decision rationale: The cited Guidelines regarding topical analgesics state, "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." Any intolerance or contraindication to oral medications is not specified in the records provided. The cited guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Response to antidepressants and anticonvulsants is not specified in the records provided. In addition, per the ODG cited above voltaren gel is "Not recommended as a first-line treatment. See Diclofenac Sodium (Voltaren), where Voltaren Gel is recommended for osteoarthritis after failure of an oral NSAID, or contraindications to oral NSAIDs, or for patients who cannot swallow solid oral dosage forms, and after considering the increased risk profile with Diclofenac, including topical formulations." The medical necessity of Voltaren gel 100 mg (tubes) is not established for this patient at this time.

Lidoderm Patches 5%, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56 - 57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for Lidoderm Patches

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, Lidoderm (lidocaine patch) Page(s): 111-113, 56-57.

Decision rationale: According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed.... There is little to no research to support the use of many of these agents." According to the MTUS Chronic Pain Guidelines "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."MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Response and failure of antidepressants and anticonvulsants for these symptoms are not specified in the records provided. Intolerance to oral medications is not specified in the records provided. Any evidence of post-herpetic neuralgia is not specified in the records provided. The medical necessity of Lidoderm Patches 5%, sixty count is not established for this patient. Request for Lidoderm Patches is not medically necessary.