

<b>Case Number:</b>	CM14-0200575		
<b>Date Assigned:</b>	12/10/2014	<b>Date of Injury:</b>	11/13/2001
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	11/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 Emergency 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 58 year-old male, who sustained an injury on November 13, 2001. The mechanism of injury is not noted. Treatments have included: medications, right carpal tunnel release, physical therapy, right shoulder surgery, FRP, cervical rhizotomy. The current diagnoses are: cervical pain, carpal tunnel syndrome, upper extremities CRPS, cervical disc disease. The stated purpose of the request for Zorvolex 35mg quantity 90 was for pain. The request for Zorvolex 35mg quantity 90 was denied on November 19, 2014, citing that it is a second-line NSAID. The stated purpose of the request for Topical lidocaine patches was for pain. The request for Topical lidocaine patches was denied on November 19, 2014, citing that this is an expensive medication. The stated purpose of the request for Topical flector (Pennsaid Diclofenac) 2% patches was for pain. The request for Topical flector (Pennsaid Diclofenac) 2% patches: was denied on November 19, 2014, citing a lack of documentation of non-acute use guideline support. Per the report dated November 3, 2014, the treating physician noted that the injured worker is scheduled for left cervical rhizotomy. Exam shows cervical muscle spasms and trigger points, positive cervical facet loading, decreased cervical range of motion, positive left shoulder impingement signs, reduced right upper extremity sensation, positive right Tinel and Phalen signs at the wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zorvolex 35mg quantity 90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

**Decision rationale:** The requested Zorvolex 35mg quantity 90, is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 22, Anti-inflammatory medications note "For specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted" but is not considered first-line NSAID therapy due to potential hepatic toxicity. The treating physicians has documented cervical muscle spasms and trigger points, positive cervical facet loading, decreased cervical range of motion, positive left shoulder impingement signs, reduced right upper extremity sensation, positive right Tinel and Phalen signs at the wrist. The treating physician has not documented current inflammatory conditions, derived functional improvement from its previous use, failed first-line NSAID's, nor hepatorenal lab testing. The criteria noted above not having been met, Zorvolex 35mg quantity 90 is not medically necessary.

**Topical lidocaine patches:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

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

**Decision rationale:** The requested Topical lidocaine patches, is medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Lidoderm, Pages 56-57, note that "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)". It is not considered first-line therapy and only FDA approved for post-herpetic neuralgia. The treating physician has documented cervical muscle spasms and trigger points, positive cervical facet loading, decreased cervical range of motion, positive left shoulder impingement signs, reduced right upper extremity sensation, positive right Tinel and Phalen signs at the wrist. The request for Topical lidocaine patches was denied on November 19, 2014, citing that this is an expensive medication. However, the treating physician has documented neuropathic pain symptoms, physical exam findings indicative of radiculopathy, and trials of first-line therapy. The criteria noted above having been met, Topical lidocaine patches is medically necessary.

**Topical flector (Pennsaid Diclofenac) 2% patches:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Non-steroidal anti-inflammatory agents ; Non-steroidal anti-inflammatory med.

**Decision rationale:** The requested Topical flector (Pennsaid Diclofenac) 2% patches, is not medically necessary. California MTUS Chronic Pain Treatment Guidelines, Topical Analgesics, Non-steroidal anti-inflammatory agents, Page 111-112, recommend topical analgesics with documented osteoarthritis with intolerance to oral anti-inflammatory agents; Non-steroidal anti-inflammatory medications, GI symptoms and cardiovascular risk, Page 68-69, note that all NSAID have the potential to raise blood pressure in susceptible patients. The treating physician has documented that the patient is experiencing cervical muscle spasms and trigger points, positive cervical facet loading, decreased cervical range of motion, positive left shoulder impingement signs, reduced right upper extremity sensation, positive right Tinel and Phalen signs at the wrist. The treating physician has not documented the patient's intolerance of these or similar medications to be taken on an oral basis. The criteria noted above not having been met, Topical flector (Pennsaid Diclofenac) 2% patches is not medically necessary.