

<b>Case Number:</b>	CM14-0201512		
<b>Date Assigned:</b>	12/11/2014	<b>Date of Injury:</b>	02/03/2014
<b>Decision Date:</b>	02/25/2015	<b>UR Denial Date:</b>	11/12/2014
<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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Pennsylvania, Ohio, California  
 Certification(s)/Specialty: Physical Medicine & Rehabn

### 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 underlying date of injury in this case is 02/03/2014. The date of the utilization review under appeal is 11/12/2014. The primary treating physician saw this patient in followup on 10/23/2014 regarding a brachial plexus lesion, ulnar nerve lesion, and myofascial pain. At that time the patient was noted to be tender to palpation with a positive muscle twitch response in the right trapezius and right pectoralis minor. The patient also was noted to have a positive Adson maneuver on the right and a positive Tinel at the right cubital tunnel and at the right pectoralis minor and with the right scalene muscle. The patient was diagnosed with myofascial pain and with brachial plexus injury. The patient was treated with trigger point injections. The treatment plan included a plan for a right scalene block, given that proximal nerve progression was thought to be potentially contributing to the patient's left elbow pain at the cubital tunnel and radial nerve pain. The patient overall was felt to have signs and symptoms consistent with neurovascular compression arising to the level of the plexus/thoracic outlet. Treatment was planned to include further electrodiagnostic studies and also Lidoderm patches and Voltaren gel, given a plan to avoid oral medications due to gastrointestinal upset and nausea. An initial physician review in this case concluded that there was no documentation of failed use of first-line medications, and there was no documentation that oral pain medications were insufficient to manage the patient's pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren gel:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on topical analgesics discusses topical NSAIDs and states that there is inconsistent documentation of efficacy of these medications in clinical trials and that most studies are of small or short duration. Thus, the guidelines would not recommend this as a first-line treatment. However, the medical records in this case do outline patient intolerance of oral antiinflammatory medications and ongoing inflammation involving the upper extremity and brachial plexus. The treatment guidelines would support the use of Voltaren gel in this situation, particularly given that the nature of the brachial plexus and axilla would lend itself to topical treatment of associated inflammation. Therefore, this request is supported by the treatment guidelines. This request is medically necessary.

**Lidoderm patches:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine Page(s): 112.

**Decision rationale:** The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on topical lidocaine, page 112, recommends topical lidocaine for localized peripheral pain after there has been evidence of a trial of first-line therapy. In this case the medical records indicate that the patient has had intolerance of multiple oral medications. Moreover, the nature of this patient's symptoms with multiple peripheral neuropathic diagnoses including a brachial plexus lesion indicate that this clinical situation would be an ideal situation supported by the treatment guidelines for topical lidocaine, given that the patient has multiple areas of localized peripheral neuropathic pain, which may be accessible via a topical patch. For these reasons this request is supported by the treatment guidelines. This request is medically necessary.