

<b>Case Number:</b>	CM14-0208681		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	06/27/2013
<b>Decision Date:</b>	02/10/2015	<b>UR Denial Date:</b>	11/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2014

### 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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 patient is a 55 year old female with date of injury 6/27/13. The mechanism of injury is not stated in the available medical records. The patient has complained of neck pain, shoulder pain and low back pain since the date of injury. She has been treated with arthroscopic surgery of the left shoulder, chiropractic therapy, physical therapy, steroid injection, nerve block and medications. MRI of the cervical spine performed in 03/2014 revealed degenerative disc disease at C5-6 and C6-7. MRI of the left shoulder performed in 03/2014 revealed degenerative changes of the left acromioclavicular joint and mild cystic changes of the left humeral head. Objective: decreased and painful range of motion of the cervical and lumbar spine, left shoulder positive impingement sign, antalgic gait. Diagnoses: cervical strain, lumbar strain, cervical radiculopathy, lumbar radiculopathy, left shoulder degenerative joint disease. Treatment plan and request: Voltaren gel, Lidoderm patch.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren gel 1% #3 100g times 2 refills:** 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:** This 55 year old female has complained of neck pain, shoulder pain and low back pain since date of injury 6/27/13. She has been treated with arthroscopic surgery of the left shoulder, chiropractic therapy, physical therapy, steroid injection, nerve block and medications. The current request is for Voltaren gel. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, Voltaren gel is not indicated as medically necessary.

**Lidoderm patch 5% #30 times 2 refills:** 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:** This 55 year old female has complained of neck pain, shoulder pain and low back pain since date of injury 6/27/13. She has been treated with arthroscopic surgery of the left shoulder, chiropractic therapy, physical therapy, steroid injection, nerve block and medications. The current request is for Lidoderm patch. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, the Lidoderm patch is not indicated as medically necessary.