

<b>Case Number:</b>	CM15-0000762		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	01/20/2001
<b>Decision Date:</b>	03/06/2015	<b>UR Denial Date:</b>	12/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 51 year old male, who sustained an industrial injury on January 20, 2001. He has reported lower back pain. The diagnoses have included failed back, multilevel degenerative disc disease. Treatment to date has included medications, radiological imaging, back surgery, electrodiagnostic studies, and a home exercise program. Currently, the IW complains of continued low back pain with radiation to the lower extremities. Objective findings on December 1, 2014, were noted to include a well healed surgical scar on the back, decreased lordosis of lumbosacral spine, range of motion painful and restricted in all directions, and decreased sensation of the lower lumbar. On December 24, 2014, Utilization Review non-certified the request for Voltaren Gel 1%, quantity #4, and Lidoderm 5%, quantity #30, noting the MTUS, Chronic Pain guidelines. On January 5, 2015, the injured worker submitted an application for IMR for review of Voltaren Gel 1%, quantity #4, and Lidoderm 5%, quantity #30, for a primary diagnosis of lumbar sprain and strain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren Gel 1% qty 4:** Upheld

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

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

**Decision rationale:** This 51 year old male patient has complained of low back pain since date of injury 1/20/2001. He has been treated with lumbar spine surgery, physical therapy 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 5% qty 30:** 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 51 year old male patient has complained of low back pain since date of injury 1/20/2001. He has been treated with lumbar spine surgery, physical therapy and medications. The current request is for Lidoderm 5%. 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, Lidoderm 5% is not indicated as medically necessary.