

<b>Case Number:</b>	CM15-0132500		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	08/02/2012
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	06/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2015

### 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: Arizona, Texas  
Certification(s)/Specialty: Internal Medicine

### 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 42 year old male with an August 2, 2012 date of injury. A progress note dated June 1, 2015 documents subjective complaints (lower back pain that radiates down both legs; more pain in left leg; sleep improved), objective findings (slightly antalgic gait; no distinct painful trigger points), and current diagnoses (chronic back pain; lumbar degenerative disc disease; lumbar radiculopathy; myofascial muscle pain). Treatments to date have included lumbar epidural steroid injection that improved the pain significantly, medications, physical therapy, and exercise. The treating physician documented a plan of care that included Lidocaine pads and Voltaren gel.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine pad 5% day supply 30 Qty 60 refills 11:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 56-57.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 111-114.

**Decision rationale:** 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 and AED (gabapentin or Lyrica). Not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. In this case the documentation doesn't support that first-line medications have been tried and failed. The continued use of topical lidocaine is not medically necessary.

**Voltaren Gel 1%day supply 15 Qty 100 refills 11:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 111-114.

**Decision rationale:** Topical NSAIDs-the efficacy of topical NSAIDs in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Indications include osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. It is not recommended for use with neuropathic pain as there is no evidence to support use. In this case the patient has a diagnosis of chronic low back pain, the use of topical NSAIDs have not been shown to be effective. Therefore the request is not medically necessary.