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| <b>Case Number:</b>   | CM15-0135535 |                              |            |
| <b>Date Assigned:</b> | 07/23/2015   | <b>Date of Injury:</b>       | 02/02/2009 |
| <b>Decision Date:</b> | 08/20/2015   | <b>UR Denial Date:</b>       | 07/11/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/13/2015 |

### 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: California, Indiana, New York  
 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:

The injured worker is a 50 year old female, who sustained an industrial injury on 2/02/2009. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include cervical radiculitis, strain of thoracic spine, lumbar disc degeneration, lumbar facet arthropathy, radiculitis, bilateral elbow pain and right shoulder pain, status post bilateral carpal tunnel release, status post cubital tunnel release, and status post right shoulder arthroscopy. Treatments to date include activity modification, medication therapy, physical therapy, epidural steroid injections, and acupuncture treatments. Currently, she complained of low back pain with radiation to right lower extremities associated with numbness and burning sensation. She reports pain in the right shoulder, ongoing headaches and mid back pain. On 6/15/15, the physical examination documented thoracic and lumbar tenderness. The lumbar spine demonstrated decreased range of motion, decreased sensation of lower extremities and weakness. The plan of care included Lidocaine 2% ointment 120 grams, Tizanidine 2mg, one tablet every twelve hours as needed #90, and Voltaren gel 1% 300grams.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tizanidine 2mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tizanidine 2mg #90 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are cervical radiculitis; sprain strain thoracic spine; lumbar disc degeneration; lumbar facet arthropathy; lumbar radiculitis; bilateral elbow pain; right shoulder pain; and diabetes mellitus. The date of injury is February 2, 2009. Request for authorization is dated July 1, 2015. A progress note dated January 12, 2015 contains medications including Lidoderm 5% patch, Soma and Tizanidine 2mg. There is no Voltaren gel documented in that note. A progress note dated May 4, 2015 shows Voltaren gel was prescribed. Pain score was 6/10 with medications. The most recent progress note contains the same medications. Pain score was 7/10. Subjectively the injured worker complained of neck pain and thoracic and lumbar pain. The documentation indicates #2 muscle relaxants prescribed concurrently. There is no clinical rationale in the medical record for the use of both Soma and tizanidine. Additionally, muscle relaxants are recommended for short-term (less than two weeks). Tizanidine was continued for five months in excess of the recommended guidelines (less than two weeks). Consequently, absent clinical documentation with the clinical rationale for #2 muscle relaxes written concurrently and treatment with Tizanidine continued five months (in excess of the recommended guidelines) without compelling clinical facts, Tizanidine 2mg #90 is not medically necessary.

**Voltaren 1% gel Qty: 3:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Voltaren (Diclofenac) gel 1%, Qty: 3 is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The only available FDA approved topical analgesic is diclofenac. However, diclofenac gel is indicated for relief of osteoarthritis pain in the joint that lends itself to topical treatment (ankle, elbow, foot, hand, knee and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. In this case, the injured worker's working diagnoses are cervical radiculitis; sprain strain thoracic spine; lumbar disc degeneration; lumbar facet arthropathy; lumbar radiculitis; bilateral elbow pain; right shoulder pain; and diabetes mellitus. The date of injury is February 2, 2009. Request for authorization is dated July 1, 2015. A progress note dated January 12, 2015

contains medications including Lidoderm 5% patch, Soma and Tizanidine 2mg. There is no Voltaren gel documented in that note. A progress note dated May 4, 2015 shows Voltaren gel was prescribed. Pain score was 6/10 with medications. The most recent progress note contains the same medications. Pain score was 7/10. Subjectively the injured worker complained of neck pain and thoracic and lumbar pain. Diclofenac gel (Voltaren) is indicated for relief of osteoarthritis pain in the joint that lends itself to topical treatment (ankle, elbow, foot, hand, knee and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. There is no documentation of osteoarthritis. The documentation does not indicate the anatomical region to be treated. Additionally, there is no documentation of first-line treatment failure with antidepressants and anticonvulsants. Consequently, absent clinical documentation with the clinical indication (osteoarthritis), failed first-line treatment with antidepressants and anticonvulsants and documentation demonstrating objective functional improvement (from May 4, 2015 through June 15, 2015), Voltaren (Diclofenac) gel 1%, Qty: 3 is not medically necessary.

**Lidocaine 5% ointment qty: 120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, lidocaine 5% ointment #120 is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic pain. In this case, the injured worker's working diagnoses are cervical radiculitis; sprain strain thoracic spine; lumbar disc degeneration; lumbar facet arthropathy; lumbar radiculitis; bilateral elbow pain; right shoulder pain; and diabetes mellitus. The date of injury is February 2, 2009. Request for authorization is dated July 1, 2015. A progress note dated January 12, 2015 contains medications including Lidoderm 5% patch, Soma and Tizanidine 2mg. There is no Voltaren gel documented in that note. A progress note dated May 4, 2015 shows Voltaren gel was prescribed. Pain score was 6/10 with medications. The most recent progress note contains the same medications. Pain score was 7/10. Subjectively the injured worker complained of neck pain and thoracic and lumbar pain. The documentation shows Lidoderm patches 5% were prescribed in the January 12, 2015 progress note. According to the May 4, 2015 progress note, the treating provider prescribed lidocaine ointment 5%. There is no clinical indication or rationale for the change from the patch to the ointment. There is no documentation demonstrating objective functional improvement. There is no documentation of failed first-line treatment with antidepressants and anticonvulsants. Topical lidocaine and non- Lidoderm form is not recommended. Any compounded product that contains at least one drug (lidocaine in non-Lidoderm form) that is not recommended is not recommended. Consequently, lidocaine 5% ointment is not recommended. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, lidocaine 5% ointment #120 is not medically necessary.