

Case Number:	CM15-0166309		
Date Assigned:	09/04/2015	Date of Injury:	07/03/2007
Decision Date:	10/06/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	08/24/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 58 year old female who sustained a work related injury July 3, 2007. Past history included hypothyroidism. According to a treating pain medicine physician's re-evaluation, dated June 25, 2015, the injured worker presented with complaints of low back pain, which radiates down the right lower extremity. She reports lower extremity pain in the right knee, buttock, and sciatic pain. She received a transforaminal epidural steroid injection right L4-S1 April 14, 2015, with improvement in right radicular pain and a 20%-50% overall improvement. She reports functional to improvement in the following areas; bathing, cleaning, cooking, dressing, home exercise, shopping, sitting standing, and waiting on line. She also reports the use of a TENS unit with current medication and pool therapy has also provided improved flexibility, strength, and a decrease in pain. Physical examination included; lumbar spine-spasm L4-S1 with tenderness and limited range of motion, secondary to pain, seated straight leg raise positive on the right for radicular pain at 60 degrees; bilateral knees- tenderness on palpation. Diagnoses are lumbar facet arthropathy; lumbar radiculitis; left knee pain; right-sided trochanteric bursitis; medication related dyspepsia; other, chronic pain. Treatment plan included to continue with home exercise program and at issue, a request for authorization for Lidoderm patch and Voltaren gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch QTY: 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56 of 127.

Decision rationale: This claimant was injured in 2007. Diagnoses are lumbar facet arthropathy; lumbar radiculitis; left knee pain; right-sided trochanteric bursitis; medication related dyspepsia; other, chronic pain. Lidoderm is the brand name for a lidocaine patch produced by Endo Pharmaceuticals. 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 an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. It is not clear the patient had forms of neuralgia, and that other agents had been first used and exhausted. The MTUS notes that further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The request is not medically necessary and was appropriately non-certified under MTUS.

Voltaren gel 1% (gm) QTY: 400: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112 of 127.

Decision rationale: As previously shared, this claimant was injured in 2007. Diagnoses are lumbar facet arthropathy; lumbar radiculitis; left knee pain; right-sided trochanteric bursitis; medication related dyspepsia; other, chronic pain. Per the MTUS, Voltaren Gel 1% (Diclofenac) is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. As this person has back pain, and that area has not been studied, it would not be appropriate to use the medicine in an untested manner on a worker's compensation or any patient. The request is not medically necessary and appropriately non-certified.