

Case Number:	CM15-0192158		
Date Assigned:	10/06/2015	Date of Injury:	06/01/2010
Decision Date:	11/18/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	09/29/2015

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
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 51 year old female sustained an industrial injury on 6-1-10. Documentation indicated that the injured worker was receiving treatment for shoulder pain and cervical disc displacement without myelopathy. Previous treatment included physical therapy, ice, heat and medications. In the only documentation submitted for review, a new patient consultation dated 9-9-15, the injured worker complained of neck, upper back, right shoulder and left wrist pain, rated 7 out of 10 on the visual analog scale. The physician stated that the injured worker could walk for 5 blocks and stand for 45 minutes. The injured worker had difficulty participating in recreational activity and exercising. The injured worker had trialed Motrin for pain and stated that medications were less effective than physical therapy and heat and cold therapy. Physical exam was remarkable for cervical spine with asymmetry, straightening of the spine, restricted range of motion and tenderness to palpation at the trapezius, right shoulder without tenderness to palpation, full range of motion and no evidence of impingement or rotator cuff pathology and left wrist without tenderness to palpation, full range of motion and negative Tinel's and Phalen's signs. Neurologic exam revealed 4 out of 5 right biceps and triceps strength, 4 out of 5 right grip strength and intact sensation throughout. The physician documented that magnetic resonance imaging cervical spine showed bulging disc at C5-6 with left foraminal encroachment. Electromyography showed evidence of median neuropathy of the right hand. The treatment plan included prescriptions for Lidocaine patch and Voltaren gel and requesting authorization for initial evaluation for a functional restoration program. On 9-24-15, Utilization Review noncertified a request for Lidocaine 5% patch #30 and Voltaren 1% gel, 1 tube.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 5% patch, Qty 30, apply 2 times daily: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch).

Decision rationale: The patient presents with neck, upper back, right shoulder, and left wrist pain rated 7/10. His condition is associated with back pain, numbness, and weakness. Quality of sleep is poor. The request is for LIDOCAINE 5% PATCH, QTY 30, APPLY 2 TIMES DAILY. The request for authorization is not provided. EMG results show there is evidence of median neuropathy in the right hand. Patient's diagnoses include cervical disc displacement without myelopathy; pain in joint of shoulders. Physical examination of the cervical spine reveals asymmetry, lordosis, rash, straightening of spine, surgical scar and ulceration. Range of motion is restricted. Tenderness is noted at the trapezius. Exam of right wrist reveals no erythema, swelling, symmetry, atrophy or deformity. No limitation is noted in palmerflexion, dorsiflexion, ulnar deviation, radial deviation, pronation or supination. Tinel's sign is positive. No tenderness is noted on palpation. Exam of left wrist reveals no erythema, swelling, symmetry, atrophy or deformity. No limitation is noted in palmerflexion, dorsiflexion, ulnar deviation, radial deviation, pronation or supination. Tinel's sign is positive. No tenderness is noted on palpation. Previous methods for treating her pain include heat therapy, which was effective; cold therapy, which was effective; and physical therapy, which was effective. Patient's medication includes Levothyroxine. Per progress report dated 09/09/15, the patient is on modified duty. MTUS, Lidoderm (Lidocaine Patches) Section, pages 56, 57 states, 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. Page 112 also states, Lidocaine indication: neuropathic pain, Recommended for localized peripheral pain. Treater does not specifically discuss this medication. This appears to be the initial trial prescription for Lidocaine Patch. MTUS guidelines state that Lidoderm Patches are appropriate for localized peripheral neuropathic pain. In this case, EMG results show that is evidence of median neuropathy in the right hand. Physical examination findings reveal Tinel's sign is positive. Given the electrodiagnostic results and physical exam findings, the request appears to be reasonable. Therefore, the request IS medically necessary.

Voltaren 1% gel, Qty 1 tube, apply 2 times daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The patient presents with neck, upper back, right shoulder, and left wrist pain rated 7/10. His condition is associated with back pain, numbness, and weakness. Quality of sleep is poor. The request is for VOLTAREN 1% GEL, QTY 1 TUBE, APPLY 2 TIMES DAILY. The request for authorization is not provided. EMG results show there is evidence of median neuropathy in the right hand. Patient's diagnoses include cervical disc displacement without myelopathy; pain in joint of shoulders. Physical examination of the cervical spine reveals asymmetry, lordosis, rash, straightening of spine, surgical scar and ulceration. Range of motion is restricted. Tenderness is noted at the trapezius. Exam of right wrist reveals no erythema, swelling, symmetry, atrophy or deformity. No limitation is noted in palmerflexion, dorsiflexion, ulnar deviation, radial deviation, pronation or supination. Tinel's sign is positive. No tenderness is noted on palpation. Exam of left wrist reveals no erythema, swelling, symmetry, atrophy or deformity. No limitation is noted in palmerflexion, dorsiflexion, ulnar deviation, radial deviation, pronation or supination. Tinel's sign is positive. No tenderness is noted on palpation. Previous methods for treating her pain include heat therapy, which was effective; cold therapy, which was effective; and physical therapy, which was effective. Patient's medication includes Levothyroxine. Per progress report dated 09/09/15, the patient is on modified duty. MTUS Guidelines, Topical Analgesics section, under Non-steroidal anti inflammatory agents, page 111-112 has the following: "The efficacy 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." "This class in general is only recommended for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist)." Voltaren Gel 1% (diclofenac): Indicated for relief of osteoarthritis pain in joints that lends themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. Treater does not specifically discuss this medication. This appears to be the initial trial prescription for Voltaren Gel. The patient continues with wrist pain. EMG results show that is evidence of median neuropathy in the right hand. Physical examination findings reveal Tinel's sign is positive. In this case, although the patient has wrist pain, the patient does not present with peripheral joint arthritis/tendinitis, for which an NSAID lotion would be indicated. Therefore, the request IS NOT medically necessary.