

Case Number:	CM15-0192714		
Date Assigned:	10/30/2015	Date of Injury:	06/26/2003
Decision Date:	12/10/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/30/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 female, who sustained an industrial injury on 06-26-2003. She has reported injury to the bilateral shoulders, bilateral upper extremities, and low back. The diagnoses have included cervical-thoracic-lumbar spine sprain with bilateral upper and lower extremity radiculitis; bilateral shoulder impingement with tear at the labrum and impairment on the right and tear of the supraspinatus tendon and impingement on the left; swan neck deformity of the left fourth finger; and bilateral arm tenosynovitis, and medial and lateral epicondylitis. Treatment to date has included medications, diagnostics, injections, physical therapy, and home exercise program. Medications have included Lidoderm patch and Voltaren gel. A progress report from the treating physician, dated 08-19-2015, documented a follow-up visit with the injured worker. The injured worker reported bilateral shoulder pain; the pain is mild to moderate, intermittent, frequent, dull, and sharp; she has had no response from the bilateral shoulder cortisone injection; low back pain radiating to the bilateral lower extremities with associated numbness and tingling; the pain is mild to moderate, intermittent, frequent, dull, and sharp; and her psychological consultation has been authorized. Objective findings included exam of the bilateral shoulders reveals tenderness to palpation over the subacromial region, acromioclavicular joint, and supraspinatus tendon; crepitus is present; cross arm test and impingement test are positive; range of motion of the shoulders is decreased with pain and discomfort; exam of the lumbar spine reveals tenderness to palpation over the paraspinal musculature; straight leg raising test is positive to the calves; lumbar ranges of motion are decreased; and sensation is decreased in the L5 dermatomes, bilaterally. The treatment plan has

included the request for 1 prescription of Lidoderm patch 5%; and unknown prescription of Voltaren gel. The original utilization review, dated 09-15-2015, non-certified the request for 1 prescription of Lidoderm patch 5%; and unknown prescription of Voltaren gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Lidoderm patch 5%: Upheld

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

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

Decision rationale: The California chronic pain medical treatment guidelines section on topical lidocaine states: Lidocaine Indication: Neuropathic pain 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). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. This medication is recommended for localized peripheral pain. The patient does have peripheral pain in the form of lumbar radiculopathy however the patient has no documented failure of all first line agents indicated for the treatment of neuropathic pain as outlined above. Therefore, criteria as set forth by the California MTUS as outlined above have not been met and the request is not medically necessary.

Unknown prescription of Voltaren gel: Upheld

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

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

Decision rationale: The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) 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. Topical analgesic NSAID formulations are not indicated for long-term use and have little evidence for treatment of the spine, hip or shoulder. This patient does not have a diagnosis of osteoarthritis or neuropathic pain that has failed first line treatment options but rather the diagnosis of back pain and shoulder pain. Therefore, criteria for the use of topical NSAID therapy per the California MTUS have not been met and the request is not medically necessary.