

Case Number:	CM15-0192846		
Date Assigned:	10/06/2015	Date of Injury:	06/03/2013
Decision Date:	11/19/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/01/2015

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, Hawaii
 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:

The injured worker is a 66-year-old female, with a reported date of injury of 08-03-2013. The diagnoses include left shoulder impingement with bicipital tendinitis and rotator cuff involvement. Treatments and evaluation to date have included Nalfon, Trazodone, Protonix, Tramadol, left shoulder cortisone injection, and physical therapy. The diagnostic studies to date have included a urine drug screen on 04-28-2015 with negative results. The medical report dated 09-16-2015 indicates that the injured worker had persistent left shoulder pain. She also had pain along the neck with muscle spasms and stiffness when she gets headaches. The objective findings include tenderness along the cervical paraspinal muscles on the left as well as left shoulder, rotator cuff, and bicep tendon. The treatment plan included a prescription for Voltaren gel and Lidoderm patch. These medications have first been prescribed since at least 08-2015. The medical report dated 08-13-2015 indicates that the injured worker had an MRI of the left shoulder in 2013 which showed mild acromioclavicular joint degeneration, partial articular surface tearing, infraspinatus tendinosis, tendinosis and partial tear of subscapularis, tendinosis of the long head of the biceps tendon, mild glenohumeral joint arthritis with labral tear and moderate joint effusion. It was noted that the injured worker was not interested in surgery. It was also noted that she had "quite sensitivity to medication". On 08-13-2015, the injured worker requested a topical lotion and patches instead of oral medications, since they make her "quite sick". The injured worker was not currently working, but she should avoid overhead reaching, forceful pushing, pulling, and lifting. The request for authorization was dated 09-16-2015. The treating physician requested Lidoderm patch 5% #60 and Voltaren gel 1% 100 grams #1. On 09-

21-2015, Utilization Review (UR) non-certified the request for Lidoderm patch 5% #60 and Voltaren gel 1% 100 grams #1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5 percent #60: 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): Lidoderm (lidocaine patch).

Decision rationale: The patient presents with left shoulder and neck pain. The current request is for Lidoderm patch 5% #60. The treating physician's report dated 09/16/2015 (86B) states, "She has tried various medications over the years and cannot tolerate most of the medications." Medical records show that the patient was prescribed Lidoderm patches on 08/13/2015 (69B). The MTUS guidelines page 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." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading ODG guidelines, it specifies that Lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. In this case, it appears that the physician is requesting Lidoderm patches for the patient's left shoulder and neck pain. The patient does not present with localized, peripheral, neuropathic pain for which Lidoderm patches are indicated. The current request is not medically necessary.

Voltaren gel 1 percent 100g #1: 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 patient presents with left shoulder and neck pain. The current request is for Voltaren gel 1% 100g #1. The treating physician's report dated 09/16/2015 (86B) states, "She has tried various medications over the years and cannot tolerate most of the medications." Medical records show that the patient was prescribed Voltaren gel on 08/13/2015 (69B). The MTUS Guidelines page 111 on topical analgesics states that it is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS also states that Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment of osteoarthritis. It is, however, indicated for short-term use,

between 4-12 weeks. It is indicated for patient with 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. In this case, it appears that the patient is utilizing Voltaren gel for her neck and left shoulder. The guidelines do not support the use of topical analgesics in the treatment of OA of the spine, hip or shoulders. The current request is not medically necessary.