

Case Number:	CM15-0208495		
Date Assigned:	10/27/2015	Date of Injury:	05/15/2001
Decision Date:	12/09/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/23/2015

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:

The injured worker is a 47 year old, female who sustained a work related injury on 5-15-01. A review of the medical records shows she is being treated for neck pain. In the SOAP Notes dated 8-19-15 and 9-30-15, the injured worker reports increased neck pain with radiating pain to both arms with weakness in hands. On physical exam dated 9-30-15, she has decreased cervical range of motion. She has cervical paraspinal spasms. She has suprascapular spasms with myofascial tightness and tenderness. She has bilateral supraclavicular and upper trapezius tenderness. She has right lateral epicondyle tenderness. Treatments have included medications, self-procured acupressure, use of a cervical pillow, use of a soft cervical collar and hand exercises. Current medications include Lidoderm patches, Voltaren gel, and Gabapentin. She is working. The treatment plan includes requests for medication refills. The Request for Authorization dated 10-6-15 has requests for Lidoderm patches and Voltaren gel. In the Utilization Review dated 10-8-15, the requested treatments of Lidoderm 5% #30 with 2 refills and Voltaren gel 1% 100gms, with 2 refills are not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% quantity: 30 with 2 refills: 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 pain in the neck radiating to the bilateral arms. The request is for Lidoderm 5% quantity: 30 with 2 refills. Physical examination to the cervical spine on 09/30/15 revealed tenderness to palpation over the suprascapular area with spasm and tightness. Range of motion was limited in all planes. Per 08/19/15 progress report, patient's diagnosis include neck sprain, pain in thoracic spine, medial epicondylitis, ganglion of tendon sheath, and carpal tunnel syndrome. Patient's medications, per 07/22/15 progress report include Lidoderm Patch, Solanpas, Voltaren Gel, Gabapentin, and Rebeprazole. Patient's work status is modified duties. MTUS Chronic Pain Medical Treatment Guidelines, pages 56 and 57, Lidoderm (Lidocaine patch) section 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, for Topical Analgesics, also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading ODG guidelines, chapter "Pain (Chronic)" and topic "Lidoderm (Lidocaine patch)", 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 progress report dated 09/30/15, the treater is requesting Lidoderm 5% patch for neuropathic pain involving the neck and shoulders. Review of the medical records provided indicate that the patient has been utilizing Lidoderm Patches since at least 09/03/14. In this case, it appears that the patient is benefiting from using the Lidoderm Patch on her neck and shoulders. However, the guidelines do not recommend this medication for axial spinal pain, as it is only indicated for peripheral joint pain. Furthermore, the treater has not document any specific improvement in function or reduction in pain due to Lidoderm Patch. MTUS guidelines, page 60 requires recording of pain and function when medications are used for chronic pain. The request does not meet guideline recommendations and therefore, IS NOT medically necessary.

Voltaren gel 1% quantity: 100 grams with 2 refills: 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 pain in the neck radiating to the bilateral arms. The request is for Voltaren Gel 1% quantity: 10 grams with 2 refills. Physical examination to the cervical spine on 09/30/15 revealed tenderness to palpation over the suprascapular area with spasm and tightness. Range of motion was limited in all planes. Per 08/19/15 progress report, patient's diagnosis include neck sprain, pain in thoracic spine, medial epicondylitis, ganglion of tendon sheath, and carpal tunnel syndrome. Patient's medications, per 07/22/15 progress report include Lidoderm Patch, Solanpas, Voltaren Gel, Gabapentin, and Rebeprazole. Patient's work status is modified duties. MTUS Chronic Pain Medical Treatment Guidelines 2009, 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 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. In progress report dated 09/30/15, the treater is requesting Voltaren Gel because the patient has sclerotomal pain and needs medication to remain functional. Review of the medical records provided indicate that the patient was prescribed Voltaren Cream 1% since at least 09/03/14. However, the treater has not discussed how Voltaren Gel decreases pain and significantly improves patient's activities of daily living. MTUS page 60 require recording of pain and function when medications are used for chronic pain. The request IS NOT medically necessary.