

Case Number:	CM15-0029226		
Date Assigned:	02/23/2015	Date of Injury:	03/27/2012
Decision Date:	04/20/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	02/17/2015

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 (IW) is a 38-year-old female who sustained an industrial injury on 03/27/2012. The injury involved the low back and right knee. Diagnoses include internal derangement of the right knee status post surgery 6/25/12. Treatment to date has included medications, cortisone and Hyalgan injections, bracing and physical therapy. Diagnostics performed include x-rays and MRIs. According to the progress notes dated 12/22/14, the IW reported low back and right knee pain; the knee "gives out" on a regular basis and she has fallen often. The notes indicate prescribed medications allow her to function. The requested services are included in the provider's treatment plan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel 1 Percent 100 Gram #3 Tubes: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Medications Page(s): 111-113.

Decision rationale: Based on the 12/22/14 progress report provided by treating physician, the patient presents with low back and right knee pain. The request is for Voltaren gel 1 percent 100gram #3 tubes. Patient is status post right knee surgery 06/25/12. Patient's diagnosis per Request for Authorization form dated 12/22/14 includes lumbago and unspecified internal derangement of knee. Patient wears a knee brace and attends physical therapy for the back and knee. Medications include Norco, Nalfon, Protonix, Voltaren gel and Lidoderm patches. Patient is not working, as modified duty has not been available, per treater report dated 12/22/14. The MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Non-steroidal anti-inflammatory agents (NSAIDs): 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." Per progress report dated 12/22/14, treater is requesting Voltaren gel and Lidoderm patches "for topical relief as medications Terocin and LidoPro were denied from the office." The patient is status post knee surgery, for which NSAID lotion would be indicated. However, there are no discussions regarding location that will be treated, nor medication efficacy. NSAID topical is not indicated for low back conditions. Furthermore, MTUS page 60 require recording of pain and function when medications are used for chronic pain. This request does not meet MTUS indications; therefore, Voltaren gel is not medically necessary.

Lidoderm Patches 5 Percent #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical lidocaine Page(s): 56-57, 112. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Lidoderm.

Decision rationale: Based on the 12/22/14 progress report provided by treating physician, the patient presents with low back and right knee pain. The request is for lidoderm patches 5% #60. Patient is status post right knee surgery 06/25/12. Patient's diagnosis per Request for Authorization form dated 12/22/14 includes lumbago and unspecified internal derangement of knee. Patient wears a knee brace and attends physical therapy for the back and knee. Medications include Norco, Nalfon, Protonix, Voltaren gel and Lidoderm patches. Patient is not working, as modified duty has not been available, per treater report dated 12/22/14. 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. Per progress report dated 12/22/14, treater is requesting Voltaren gel and Lidoderm patches "for topical relief as

medications Terocin and LidoPro were denied from the office." The patient is status post knee surgery, for which Lidoderm patch would be indicated. However, there is no documentation of how Lidoderm patch is used, how often and with what efficacy in terms of pain reduction and functional improvement. MTUS page 60 require recording of pain and function when medications are used for chronic pain. Furthermore, Lidoderm patches are indicated for low back conditions. The request is not in accordance with guidelines. Therefore, the request is not medically necessary.