

Case Number:	CM15-0216063		
Date Assigned:	11/06/2015	Date of Injury:	08/22/2013
Decision Date:	12/23/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	11/03/2015

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: Texas, California

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:

This is a 41 year old female patient, who sustained an industrial injury on 08-22-2013. The diagnoses include right shoulder pain, neck pain and cervicobrachial syndrome. She sustained the injury while pulling a cart. Per the notes dated 11/11/2015, the patient has history of GI upset with NSAIDs. She tried Norco and tramadol but unable to take these too much of an extent due to nausea and sedation. Tegaderm patches were requested due to Lidoderm patches were not adherent to skin. Per the doctor's note dated 09-24-2015, she had complaints of ongoing right sided neck pain, occasional headaches that radiate to the right cervicobrachial region and right shoulder, and proximal arm pain. Pain levels were not rated on a visual analog scale (VAS). Records also indicated no changes in activity level or level of functioning. Per the treating physician's progress report (PR), the patient was able to return to work with restrictions. The physical exam, dated 09-24-2015, revealed right shoulder tenderness, and painful and limited range of motion (ROM) in the right shoulder. The medications list includes Flexeril, Tramadol, Lidoderm patches and Voltaren gel. She had cervical spine MRI on 10/23/2013; right shoulder MRI dated 1/14/2014. Relevant treatments have included physical therapy (PT), acupuncture, chiropractic treatments with improved ROM in the cervical spine, work restrictions, and medications. The PR and request for authorization (09-24-2015) shows that the following topical medications and supplies were requested: Lidoderm patch 5% 700mg per patch (1 patch 12 hours on 12 hours off) #30, Voltaren gel 1% (apply to skin up to 3 times daily) 100 gram tube #1, and Tegaderm 3.5" x 4" dressing (apply over Lidoderm patch) #30. The original utilization review (10-15-2015) non-certified the request for Lidoderm patch 5% 700mg per patch (1 patch 12 hours on 12 hours off) #30, Voltaren gel 1% (apply to skin up to 3 times daily) 100 gram tube #1, and Tegaderm 3.5" x 4" dressing (apply over Lidoderm patch) #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5% 700mg/patch 1 patch 12 hours on 12 hours off #30: Upheld

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

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

Decision rationale: Request: Lidoderm patch 5% 700mg/patch 1 patch 12 hours on 12 hours off #30. MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "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. There is little to no research to support the use of many of these agents." According to the MTUS Chronic Pain Guidelines "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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia." MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Failure of anticonvulsant and antidepressant is not specified in the records provided. Evidence of post-herpetic neuralgia is not specified in the records provided. Lidoderm patch 5% 700mg/patch 1 patch 12 hours on 12 hours off #30 is not medically necessary for this patient.

Voltaren gel 1% apply to skin up to TID 100 gram tube #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain (updated 12/02/15) Voltaren® Gel (diclofenac).

Decision rationale: Request: Voltaren gel 1% apply to skin up to TID 100 gram tube #1. The cited Guidelines regarding topical analgesics state, "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. 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." Per the records provided, the patient had right shoulder and neck pain. The cited guidelines do not recommend Voltaren gel for this diagnosis. The cited guidelines

recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Failure of an antidepressant and anticonvulsant is not specified in the records provided. In addition, per the ODG cited above Voltaren gel is "Not recommended as a first-line treatment. See Diclofenac Sodium (Voltaren), where Voltaren Gel is recommended for osteoarthritis after failure of an oral NSAID, or contraindications to oral NSAIDs, or for patients who cannot swallow solid oral dosage forms, and after considering the increased risk profile with Diclofenac, including topical formulations." Any intolerance or contraindication to oral medications (other than NSAID) is not specified in the records provided. Voltaren gel 1% apply to skin up to TID 100 gram tube #1 is not medically necessary for this patient at this time.

Tegaderm 3.5" x 4" dressing 3-1/2 x 4 apply over Lidoderm patch #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Request: Tegaderm 3.5" x 4" dressing 3-1/2 x 4 apply over Lidoderm patch #30. Tegaderm patches were requested because the Lidoderm patches were not adherent to the skin. MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Failure of anticonvulsant and antidepressant is not specified in the records provided. Evidence of post-herpetic neuralgia is not specified in the records provided. As the medical necessity of Lidoderm patch is not established, the medical necessity of tegaderm dressing is also not fully established for this patient. Tegaderm 3.5" x 4" dressing 3-1/2 x 4 apply over Lidoderm patch #30 is not medically necessary for this patient.