

Case Number:	CM15-0219338		
Date Assigned:	11/12/2015	Date of Injury:	07/06/2009
Decision Date:	12/23/2015	UR Denial Date:	10/23/2015
Priority:	Standard	Application Received:	11/07/2015

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: Preventive Medicine, Occupational Medicine

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 69 year old female, who sustained an industrial injury on 7-6-2009. Diagnoses include ganglion cyst at the right wrist, chronic strain-sprain of lumbar spine with degenerative changes, and chronic strain-sprain of right ankle, status post DIP fusion of the little finger of the right hand. Treatments to date include activity modification, rest, and anti-inflammatory and NSAID. The record indicated a history of pain in the low back right wrist, and right ankle, with a transfer of care and an initial evaluation by the new treating provided was completed on 9-17-15. She complained of pain in the right shoulder, low back, and right wrist. There was associated numbness and tingling reported in the right hand. There were no current prescribed medications. The physical examination documented a cyst the size of a cherry stone at the base of the right thumb of the right wrist. The right ankle was tender with palpation. The lumbar spine demonstrated decreased range of motion with tenderness and spasm noted. The plan of care included prescriptions for Voltaren Gel and Lidoderm patches. The appeal requested authorization for Lidoderm Patches 5%, apply to low back 12 hours on and 12 hours off, one box and Voltaren Gel 1%, one tube, apply to right wrist twice daily. The Utilization Review dated 10-23-15, denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches 5% - 1 box: 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: Lidoderm is a lidocaine patch providing topical lidocaine. The MTUS Guidelines recommend the use of topical lidocaine primarily for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no clear evidence in the clinical reports that this injured worker has neuropathic pain that has failed treatment with trials of antidepressants and anticonvulsants. This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. The request for Lidoderm patches 5% - 1 box is determined to not be medically necessary.

Voltaren gel 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: Per the MTUS Guidelines, the use of topical analgesics is recommended as an option for some agents. 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. When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. Voltaren Gel 1% is FDA approved and 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. Maximum dose should not exceed 32 g per day (8 g per joint per day in the upper extremity and 16 g per joint per day in the lower extremity). In this case, the injured worker is noted to have taken oral NSAIDs without an adverse effects. As oral NSAIDs are tolerated, this request is not supported. The request for Voltaren gel 1% is determined to not be medically necessary.