

<b>Case Number:</b>	CM15-0223788		
<b>Date Assigned:</b>	11/19/2015	<b>Date of Injury:</b>	12/20/2012
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	10/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2015

### 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: Montana, Oregon, Idaho  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 50 year old male who sustained an industrial injury on December 20, 2012. Medical records indicated that the injured worker was treated for left shoulder pain. Medical diagnoses include left rotator cuff syndrome, left subacromial bursitis, axial low back pain, lumbar degenerative disc disease, and lumbar myofascial pain. In the provider notes dated September 18, 2015 the injured worker complained of "a flare of his left shoulder. There is no trauma associated with it, but it is gradually improving." He walks one mile daily and does his home exercise program. He is using Lidocaine ointment and Voltaren gel as needed. On exam, the documentation stated there is limited range of motion of the left shoulder. He has functional grip bilaterally. The treatment plan includes topical analgesic medications. A Request for Authorization was submitted for medication - topical Lidocaine hcl 3% cream; medication - topical Voltaren (Diclofenac Sodium) 1% topical gel. The Utilization Review dated October 15, 2015 denied the request for medication - topical Lidocaine hcl 3% cream; medication - topical Voltaren (Diclofenac Sodium) 1% topical gel.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine HCL 3% cream:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain section, Lidocaine.

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

**Decision rationale:** According to the CA MTUS Chronic Pain Medical Treatment Guidelines Topical Lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. In this case, the injured worker does not have a diagnosis of neuropathic pain. In addition, the requested medication is not recommended in cream form. Therefore, the request is not medically necessary.

**Voltaren (Diclofenac Sodium) 1 topical gel:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain section, Voltaren Gel.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects, Topical Analgesics.

**Decision rationale:** Per the CA MTUS regarding topical analgesics, Chronic Pain Medical Treatment Guidelines, Topical analgesics, page 111-112 "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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." 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 this case, the injured worker is being treated for low back and shoulder pain. The cited guidelines do not support the requested medications use for the workers diagnoses. Therefore, the request is not medically necessary.