

<b>Case Number:</b>	CM15-0044827		
<b>Date Assigned:</b>	03/17/2015	<b>Date of Injury:</b>	09/30/2011
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	02/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2015

### 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 65 year old female patient, who sustained an industrial injury on 09/30/2011. She sustained the injury due to opening/closing heavy windows. The current diagnoses include status post right shoulder arthroscopy and acromioplasty, glenohumeral debridement, rotator cuff repair and distal clavicle excision (01/13/2014), and adhesive capsulitis. Per the doctor's note dated 2/9/2015, she had complains of constant right shoulder pain. The physical examination of the right shoulder revealed tenderness, decreased range of motion and positive Adduction and Impingement test. Per the doctor's note dated 1/5/2015, she had complaints of right shoulder pain. The current medications list includes meloxicam, lidoderm patch, cymbalta, nortriptyline and voltaren gel. She has undergone arthroscopic right shoulder surgery on 01/13/2014. She has had MRI of the right shoulder dated 12/03/2013 & 02/06/2015. She has had physical therapy for this injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren gel:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics & Non-steroidal anti-inflammatory agents (NSAIDs) Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain (updated 04/06/15) Voltaren Gel (diclofenac).

**Decision rationale:** Request: Voltaren Gel. 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." Any intolerance or contraindication to oral medications is not specified in the records provided. The cited guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Failure to antidepressants and anticonvulsants 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." The medical necessity of Voltaren Gel is not established for this patient at this time.

**Lidoderm patches:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Non-steroidal anti-inflammatory agents (NSAIDs) Page(s): 112. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, page 111-113 Lidoderm (lidocaine patch) page 56-57.

**Decision rationale:** Request: Lidoderm patches According to the 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 antidepressants and anticonvulsants is not specified in the records provided. Intolerance to oral medications is not specified in the records provided. Any evidence of post-herpetic neuralgia is not specified in the records provided. The medical necessity of Lidoderm patches is not fully established for this patient.

