MAXIMUS Federal Services

Case Number:	CM15-0045448		
Date Assigned:	03/17/2015	Date of Injury:	06/18/2014
Decision Date:	04/23/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	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: California, Indiana, New York
Certification(s)/Specialty: Internal 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:

This 35 year old man sustained an industrial injury on 6/18/2014. The mechanism of injury was not detailed. Current diagnoses include left peripheral neuropathy involving the intermediate dorsal cutaneous nerve and lower leg. Treatment has included oral medications and a home exercise program. Physician notes dated 2/5/2015 show complaints of morning stiffness and soreness that is improved with stretching. It is noted that he has returned to work on modified duty. Recommendations include Voltaren 1% gel and LidoDerm patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 1% topical gel: Upheld

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

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) Pain section,Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Voltaren (Diclofenac) gel 1% one gel tube is not medically necessary. Topical analgesics are largely experimental with you controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The only available FDA approved topical analgesic is diclofenac. However, diclofenac gel is indicated for relief of osteoarthritis pain in the joint that lends itself 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's working diagnosis is idiopathic peripheral neuropathy left. Subjectively, the injured worker complains of soreness and stiffness in the morning when he wakes up that resolves with stretching. There were no other complaints enumerated in the subjective section. Objectively, the injured worker has normal gait, negative anterior drawer test to the left foot and ankle, and no presentation with range of motion of left ankle. Neurologic evaluation shows that sensation is intact to the right and left foot and ankle. There was a positive Tinel's sign of with percussion to the intermediate dorsal cutaneous nerve. The documentation does not provide evidence, subjectively or objectively, of neuropathic symptoms and signs. The physician's indication for diclofenac is to massage the gel into the area of the intermediate dorsal cutaneous nerve to the anterolateral aspect lateral ankle. Voltaren (diclofenac) gel 1% is indicated for relief of osteoarthritis pain in a joint that lends itself to topical treatment. There is no osteoarthritis, subjectively or objectively, on physical examination and there is no diagnosis of osteoarthritis. Additionally, there is no documentation of first-line treatment with antidepressants and anticonvulsants failure in the medical record. Consequently, Voltaren 1% gel is not medically necessary.

Lidoderm patches 5% (700mg/patch) #30: Upheld

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

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) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Lidoderm patch 5% #30 is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidoderm is indicated for localized pain consistent with a neuropathic etiology after there has been evidence of a trial with first line therapy. The criteria for use of Lidoderm patches are enumerated in the official disability guidelines. The criteria include, but are not limited to, localized pain consistent with a neuropathic etiology; failure of first-line neuropathic medications; area for treatment should be designated as well as the planned number of patches and duration for use (number of hours per day); trial of patch treatments recommended for short term (no more than four weeks); it is generally recommended no other

medication changes be made during the trial.; if improvement cannot be demonstrated, the medication be discontinued, etc. In this case, the injured worker's working diagnosis is idiopathic peripheral neuropathy left. Subjectively, the injured worker complains of soreness and stiffness in the morning when he wakes up that resolves with stretching. There were no other complaints enumerated in the subjective section. Objectively, the injured worker has normal gait, negative anterior drawer test to the left foot and ankle, and no presentation with range of motion of left ankle. Neurologic evaluation shows that sensation is intact to the right and left foot and ankle. It was a positive Tinel's sign of with percussion to the intermediate dorsal cutaneous nerve. The documentation does not provide evidence, subjectively or objectively, of neuropathic symptoms and signs. The physician's indication for Lidoderm patches is to apply every 12 hours as needed to the anterolateral aspect of the left ankle. There is no documentation of first line treatment failure with antidepressants anticonvulsants in the medical record. Lidoderm Patch is indicated for localized pain consistent with a neuropathic etiology. The injured worker's symptoms and signs are not compatible with a neuropathic etiology. Consequently, absent clinical documentation of neuropathic pain with first-line treatment failure (antidepressants and anticonvulsants), Lidoderm patch 5% #30 is not medically necessary.