

<b>Case Number:</b>	CM15-0048450		
<b>Date Assigned:</b>	03/20/2015	<b>Date of Injury:</b>	10/10/2005
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	02/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2015

### 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: 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 was a 75 year old female, who sustained an industrial injury on October 10, 2005. The injured worker previously received the following treatments Gabapentin, acupuncture, multiple epidural injections and home exercise program. The injured worker was diagnosed with myalgia, myositis and stenosis of the lumbar spine and neuropathic pain. According to progress note of February 2, 2015, the injured workers chief complaint was left lumbar pain which was chronic in nature. The injured worker reported the pain was 8 out of 10 with impairment of activities, such as walking and drive for long periods of time; 0 being no pain and 10 being the worse pain. There was tenderness of the left lumbar paraspinal regions at L4-L5 with decreased range of motion. The bilateral straight leg testing was negative. The treatment plan included new prescriptions or Lidocaine patches and Voltaren topical gel for pain to the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine 4% cream topical twice daily as needed #1 + 2 refills (prescribed 2/2/15): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 112.

**Decision rationale:** The MTUS recommends lidocaine cream only 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). Lidocaine is currently not recommended for a non-neuropathic pain. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. Lidocaine 4% cream topical is not medically necessary.

**Voltaren 1% gel topical twice daily as needed #1 +2 refills (prescribed 2/2/15):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG Pain.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Voltaren Gel (diclofenac).

**Decision rationale:** According to the Official Disability Guidelines, Voltaren gel is not recommended as a first as a first-line treatment, and is recommended only for osteoarthritis after failure of oral NSAIDs, 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. Documentation in the medical record does not meet guideline criteria. Voltaren 1% gel topical is not medically necessary.