

<b>Case Number:</b>	CM15-0050484		
<b>Date Assigned:</b>	03/24/2015	<b>Date of Injury:</b>	06/28/2013
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2015

### 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: Physical Medicine & Rehabilitation

### 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 67-year-old female, who sustained an industrial injury on June 28, 2013. The injured worker had reported right knee and hip pain. The diagnoses have included severe hip osteoarthritis, right knee chondromalacia, abnormality of gait, aftercare following joint replacement and bursitis of the hip. Treatment to date has included medications, radiological studies, exercise, a transcutaneous electrical nerve stimulation unit, electrodiagnostic studies, right knee injection, physical therapy and a right hip arthroplasty. Current documentation dated February 21, 2015 notes that the injured worker presented for follow-up after right hip surgery. She reported mild hip discomfort in the right hip, which was aggravated by movement, but has improved from the prior visit. She also reported right knee pain. Physical examination of the right hip revealed a painful and decreased range of motion. The injured workers right hip strength was also decreased. Right knee examination revealed a painful range of motion. The treating physician requested retrospective Lidoderm patches 5% and Voltaren gel 1% dispensed on January 21, 2015 to be used with the current pain management regime.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm patches 5% Qty 30 (retrospective 01/21/2015): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical lidocaine, topical analgesic Page(s): 56-57, 112. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Lidoderm.

**Decision rationale:** The patient presents with pain and weakness in her right hip and right knee. The request is for RETROSPECTIVE LIDODERM PATCH 5% #30 DOS 01/21/15. Per 01/16/15 progress report, the patient has been utilized Lorzone, Norco, Mobic, Flexeril and Percocet. The patient is currently not working. MTUS guidelines page 57 states, "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--." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading ODG guidelines, it specifies that lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. In this case, none of the reports discuss Lidoderm patch except the request. EMG from 07/18/14 reveals no evidence of the right leg mononeuropathy/polyneuropathy and no definitive evidence for L2-4 radiculopathy on the right. This patient presents with pain in her right leg, but there is no documentation of localized, peripheral neuropathic pain for which this product is indicated. Therefore, the request IS NOT medically necessary.

**Voltaren gel 1% Qty 500 (retrospective 01/21/2015): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

**Decision rationale:** The patient presents with pain and weakness in her right hip and right knee. The request is for RETROSPECTIVE VOLTAREN GEL 1% 500 DOS 01/21/15. Per 01/16/15 progress report, the patient has been utilized Lorzone, Norco, Mobic, Flexeril and Percocet. The patient is currently not working. MTUS guidelines page 111 "primarily recommends topical creams for neuropathic pain when trials of antidepressants and anticonvulsants have failed." MTUS guidelines page 112 further indicates "FDA-approved agents: Voltaren Gel 1(diclofenac) for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). 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). It has not been evaluated for treatment of the spine, hip or shoulder." In this case, none of the reports discuss Voltaren gel except the request. It is not known how long it has been used or whether or not this is for a trial. The patient does present with peripheral joint arthritis/tendinitis problems in her right knee for which this topical product may be indicated. However, the request does not discuss

how this topical has been effective. MTUS p60 require recording of pain and function when medications are used for chronic pain. The request IS NOT medically necessary.