MAXIMUS Federal Services

Case Number:	CM15-0059590		
Date Assigned:	04/06/2015	Date of Injury:	08/11/2004
Decision Date:	05/05/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	03/30/2015

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:

The injured worker is a(n) 41 year old female, who sustained an industrial injury on 8/11/04. She reported pain in her shoulders and back due to falling down the stairs. The injured worker was diagnosed as having myalgia, shoulder pain, lumbago and calcifying tendinitis of shoulder. Treatment to date has included an MRI of the lumbar spine and shoulders, physical therapy and oral and topical pain medications. As of the PR2 dated 3/5/15, the injured worker reported pain in her low back and shoulders. The treating physician noted paravertebral tenderness and weakness in both legs. The treating physician requested to continue Voltaren gel 1% and Lidoderm patch 5%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines non-steroidal anti-inflammatory drugs (NSAIDs).

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 Analgecics.

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 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. 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 diagnoses are myalgia; shoulder pain; lumbar disc ; Lumbago; and calcified tendinitis of shoulder. The documentation, pursuant to a September 18, 2014 progress note, shows the injured worker was using Voltaren gel 1% and Lidoderm 5% patches. There is no clinical indication or rationale for the use of Voltaren. There are no neuropathic symptoms or signs documented in the medical record. There is no first line failure of antidepressants and anticonvulsants for neuropathic pain. 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. There is no documentation of osteoarthritis or osteoarthritis related pain. There is no documentation of objective functional improvement associated with its use. Consequently, absent clinical documentation with evidence of neuropathic signs and symptoms and a clinical indication/rationale for Voltaren gel 1%, Voltaren (Diclofenac) gel 1% one gel tube is not medically necessary.

Lidoderm patch 5%: 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 Analgecics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Topical Analgecics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Lidoderm patch 5% 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 diagnoses are myalgia; shoulder pain; lumbar disc Lumbago; and calcified tendinitis of shoulder. The documentation, pursuant to a September 18, 2014 progress note, shows the injured worker was using Voltaren gel 1% and Lidoderm 5% patches. There is no clinical indication or rationale for the use of Voltaren. There are no neuropathic symptoms or signs documented in the medical record. There is no first line failure of antidepressants and anticonvulsants for neuropathic pain. The area to be treated (with the patch) is not documented in the medical record. Consequently, absent clinical documentation of neuropathic signs and symptoms with evidence of objective functional improvement and a clinical indication/rationale for Lidoderm 5%, failure of first-line treatment with antidepressants and anticonvulsants, Lidoderm 5% is not medically necessary.