

<b>Case Number:</b>	CM14-0126793		
<b>Date Assigned:</b>	08/27/2014	<b>Date of Injury:</b>	08/23/2013
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	07/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in Maryland. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 employee was a 50 year old male who sustained an industrial injury on 08/23/13. The mechanism of injury was feeling pain in neck, right shoulder and right elbow while lifting a 28 foot ladder of heavy weight. His diagnoses included right shoulder impingement syndrome, right elbow lateral epicondylitis and right shoulder sprain. His prior treatments included Physical therapy, activity modification, Norco, Lidoderm patches, Mobic orally and Tramadol by mouth as needed. Lidoderm patches were started for lateral epicondylitis in November 2013 and Voltaren gel was started in March 2014. The progress note from the primary treating provider on 05/15/14 was reviewed. The subjective complaints included worsening pain in the right shoulder, which worsened as the day went on. The pain woke him up at night. He had difficulty lifting his right arm past 90 degrees. He also had right neck pain, popping of the right shoulder and pain at times in the right elbow. He was requesting medication refill. His current medications were not as effective in relieving his pain causing him increased difficulties with activities of daily living and sleeping through the night. The objective findings included no tenderness in cervical spine or shoulders. The motor strength was normal of neck and upper extremities. There was limited range of motion of right shoulder and tenderness over right lateral epicondyle with pain on resisted dorsiflexion right wrist. The diagnoses included neck pain and lateral epicondylitis. The plan of care included refill of Hydrocodone/APAP 7.5/325mg twice daily as needed, Lidoderm patch 5% once daily, Voltaren 1% topical gel two to three times daily and Orthopedic consultation. The request was for Lidoderm patch and Voltaren gel 1% topical.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Lidoderm 5% (700mg/patch), QTY: 30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, Lidocaine Page(s): 111-112.

**Decision rationale:** The employee was being treated for neck pain, right shoulder and right elbow pain. His diagnoses included impingement syndrome of shoulder, lateral epicondylitis and shoulder sprain. His treatment included Mobic, Norco, Tramadol and Physical therapy. His examination was significant for tenderness over the right lateral epicondyle and limited range of motion of right shoulder. The request was for Voltaren topical gel 1% and Lidoderm patches 5%. According to the MTUS Chronic Pain Medical Treatment Guidelines, Lidocaine is recommended for localized peripheral pain due to neuropathy after there has been evidence of a trial of first line therapy with anti-depressants or an anti-epileptic drug (AED) such as Gabapentin or Lyrica. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The employee had not had a trial of first line medications including Tricyclic/ serotonin-norepinephrine reuptake inhibitors antidepressants or an AED. There are no symptoms suggestive of neuropathy or neurogenic pain. Hence, the Lidoderm patch is not medically necessary or appropriate.

**Retrospective request for Voltaren 1% Topical Gel 100gm, QTY: 1, for the service date of 06/12/14: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, NSAIDs, Page(s): 111- 112.

**Decision rationale:** The employee was being treated for neck pain, right shoulder and right elbow pain. His diagnoses included impingement syndrome of shoulder, lateral epicondylitis and shoulder sprain. His treatment included Mobic, Norco, Tramadol and Physical therapy. His examination was significant for tenderness over the right lateral epicondyle and limited range of motion of right shoulder. The request was for Voltaren topical gel 1% and Lidoderm patches 5%. According to chronic pain medical treatment guidelines topical NSAIDs such as topical Voltaren, can be indicated in the treatment of arthritis and/or tendinitis in joints that lend themselves to topical treatment such as the elbow, wrist or knee. Maximum dose should not exceed 32 g per day, with 8g per joint per day in upper extremity and 16 g per joint per day in the lower extremities. In this case the employee is experiencing ongoing elbow pain and has epicondylitis. He was taking oral analgesics and had ongoing pain. Therefore the request for Voltaren gel 1% is medically necessary and appropriate.

