

<b>Case Number:</b>	CM14-0156595		
<b>Date Assigned:</b>	09/26/2014	<b>Date of Injury:</b>	08/09/2001
<b>Decision Date:</b>	11/13/2014	<b>UR Denial Date:</b>	09/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2014

### 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 Occupational Medicine and is licensed to practice in California. 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:

This injured worker is a 60 year old female who developed chronic cervical, shoulder, wrist and low back pain. The consulting physician has prescribed topical Voltaren due to hypertension, in addition Lidoderm patches are prescribed by the same physician for acute pain. No radiculopathy is documented. These topical agents are reported to affect a 50% improvement in pain along with improved function. There is no acknowledgement that the primary treating physician is also providing medications that are extensive and overlapping. These additional medications in several compounded medical foods, Tizanidine, Norco 10/325 q 6 hours, Anaprox 550mb BID, Gabapentin 300mg. BID, Tramadol and Prilosec.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren 1 percent topical gel 100gm/tube; apply 2g, 4 times a day, QTY: 3, with 2 refills:**  
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 Analgesics Page(s): 111-113.

**Decision rationale:** MTUS Guidelines do not support the use of topical NSAIDs for spinal pain. In addition, the prescribing physician does not acknowledge that this injured worker is also reported to be on oral NSAIDs. Both oral and topical NSAIDs are not recommended for concurrent use. Under these circumstances, the topical Voltaren 100gm tube #3 with 2 refills is not medically necessary.

**Lidoderm 5 percent (700mg/patch), apply 2 patches daily, QTY: 60 with 2 refills:** 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 Analgesics Page(s): 111-113.

**Decision rationale:** MTUS Guidelines support the potential use of Lidoderm for localized neuropathic pain and is not recommended for general spinal pain. This injured worker does not have a qualifying diagnosis to justify the use of Lidoderm. In addition, the prescribing physician does not acknowledge the significant number of medications that are prescribed concurrently, including opioids, NSAIDs, Gabapentin and Tizanidine. Under these circumstances the benefits reported from the topical Lidoderm are difficult to separate from the total medication mix. Under these circumstances, the Lidoderm 5% patches #60 with 2 refills are not consistent with Guidelines and are not medically necessary.