

Case Number:	CM14-0214763		
Date Assigned:	01/07/2015	Date of Injury:	11/05/2007
Decision Date:	02/20/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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: Emergency 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:

Patient with reported date of injury on 11/5/2007. Mechanism of injury was not documented. Patient has a diagnosis of degeneration of cervical intervertebral disc, shoulder pain and chronic pain. Medical reports reviewed. Last report available until 12/15/14. Patient complains of neck pain radiating to L upper extremity. Has tingling and numbness. Objective exam reveals tenderness to left cervical paravertebral and trapezius. Range of motion is limited. C6, C7 and C8 dermatomes with decreased sensation. Decreased strength to C7 myotome. No imaging or electronic diagnostic reports were provided for review. Medications listed as Lutera, Voltaren gel and Lidocaine patch. Independent Medical Review is for Voltaren 1% gel #2 and Lidocaine patch 5% #30. Prior Utilization Review on 12/18/14 recommended non-certification. It approved MRI of cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 1% topical gel QTY: 2.00: Upheld

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

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

Decision rationale: As per MTUS Chronic Pain Guidelines topical analgesics such as Diclofenac topical have poor evidence to support its use but may have some benefit in musculoskeletal pain. Diclofenac is has evidence for its use in in joints that lend itself for treatment such as hands, wrists knees, elbows, ankles etc but has no evidence to support its use for the shoulder, spine or hip. Patient's pain is mostly shoulder and cervical spine and therefore is not medically necessary.

Lidocaine 5% patch QTY: 30.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm(lidocaine patch) Page(s): 56-57.

Decision rationale: As per MTUS chronic pain guidelines, lidocaine patch is only approved for peripheral neuropathic pain, specifically post-herpetic neuralgia. there is poor evidence to support its use in other neuropathic pain conditions such as such as spinal or radicular pain. Patient has claimed improvement of pain with this medication but patient does not meet any MTUS indication to recommend use. Lidocaine patch is not medically necessary.