

Case Number:	CM15-0115429		
Date Assigned:	06/23/2015	Date of Injury:	08/15/2006
Decision Date:	07/24/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/16/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 66-year-old who has filed a claim for chronic elbow, neck, and mid back pain with derivative complaints of depression, anxiety, and alcohol abuse reportedly associated with an industrial injury of August 16, 2006. On June 1, 2015, the claims administrator failed to approve requests for Lidoderm patches and Voltaren gel. A May 5, 2015 progress note and an associated RFA form were referenced in the determination. Norco, Naprosyn, Elavil, and Prilosec, it was incidentally noted, were approved by the claims administrator. The applicant's attorney subsequently appealed. On May 5, 2015, the applicant reported ongoing complaints of neck, mid back, and shoulder pain, collectively rated at 8/10. The applicant appeared mildly depressed. Norco, Naprosyn, Elavil, Lidoderm patches, Voltaren gel, and Prilosec were all continued and/or renewed. The applicant's work status was not explicitly stated, although it did not appear that the applicant was working following imposition of permanent restrictions. The applicant reported difficulty performing activities of daily living as basic as sleeping, dressing, and showering owing to ongoing pain complaints. 8/10 pain complaints were reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Page(s): 112.

Decision rationale: No, the request for topical Lidoderm patches was not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants, here, however, the applicant's ongoing usage of Elavil, an antidepressant adjuvant medication, effectively obviated the need for the Lidoderm patches in question. Therefore, the request was not medically necessary.

Voltaren gel 1%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuropathic pain; Voltaren Gel 1% (diclofenac); Functional Restoration Approach to Chronic Pain Management Page(s): 112; 112; 7.

Decision rationale: Similarly, the request for Voltaren gel was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, usage of topical NSAIDs such as Voltaren gel is "not recommended" as there is no evidence to support such usage. Here, the applicant's primary pain generator was elbow cubital tunnel syndrome, i.e., a neuropathic pain issue for which there is no evidence to support usage of topical NSAIDs, per page 112 of the MTUS Chronic Pain Medical Treatment Guidelines. Page 112 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that topical Voltaren has not been evaluated for treatment involving the spine, hip, and/or shoulder. Here, the applicant's secondary pain generator was, in fact, the shoulder, i.e., a body part for which topical Voltaren has not been evaluated. It is further noted that the request in question did in fact represent a renewal or extension request for topical Voltaren. However, page 7 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, ongoing usage of topical Voltaren failed to curtail the applicant's dependence on opioid agents such as Norco. The applicant continued to report pain complaints as high as 8/10, despite ongoing usage of topical Voltaren. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of topical Voltaren. Therefore, the request was not medically necessary.