

Case Number:	CM15-0117509		
Date Assigned:	06/25/2015	Date of Injury:	02/13/2014
Decision Date:	07/24/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/18/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 56-year-old male who sustained an industrial injury on 02/13/14. He reports pain in his neck, low back, and bilateral headaches. Current diagnoses include degenerative lumbar/lumbosacral intervertebral disc, radiculopathy, right knee pain with swelling, osteoarthritis, and chondromalacia patella. Treatments to date include physical therapy, epidural injection, chiropractic treatments, traction, acupuncture, and topical/oral pain medications. In a progress noted dated 06/02/15, the injured worker reports generalized increased pain with flare-ups; pain in low back is 8-9 out of a 10 pain scale without medications and 5/10 with medications. Reports right knee swelling and giving way. He gets fair to good relief with Ibuprofen, Lidoderm patches, and Voltaren gel. Home exercise program is only partially effective in improving his pain levels, function, range of motion and sense of comfort. Examination revealed right knee effusion with pain on deep flexion. Lumbar spine with hypertonicity, right greater than left; motion is guarded due to pain, with tenderness to palpation on the right. Treatment recommendation includes continuation of anti-inflammatory medication, Lidoderm patches #30 with 5 refills, and Voltaren gel 1% 1 tube with 5 refills. Date of Utilization Review: 06/11/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches 5%, thirty count with five refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

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

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). The FDA for neuropathic pain has designated Lidoderm for orphan status. Lidoderm is also used off-label for diabetic neuropathy. In this case, the claimant did not have the above diagnoses. Long-term use of topical analgesics such as Lidoderm patches is not recommended. The claimant was on oral analgesics as well as topical for several months as well. The request for continued and long-term use of Lidoderm patches with 5 refills as above is not medically necessary.

Voltaren gel 1%, one tube with five refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

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

Decision rationale: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Voltaren gel is a topical analgesic. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant had been on other topical analgesics and did not have a diagnosis of arthritis. There are diminishing effects after 2 weeks. The Voltaren gel with 5 refills is not medically necessary.