

<b>Case Number:</b>	CM15-0118656		
<b>Date Assigned:</b>	06/26/2015	<b>Date of Injury:</b>	05/21/2007
<b>Decision Date:</b>	07/28/2015	<b>UR Denial Date:</b>	06/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2015

### 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, Florida, 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 injured worker is a 66-year-old female, who sustained an industrial injury on 5/21/07. The injured worker was diagnosed as having cervical spondylosis, left cubital tunnel syndrome, and left medial humeral epicondylitis. Treatment to date has included cervicothoracic laminectomy with spinal fusion in 2007, cervicothoracic laminectomy C5-T3 with removal of instrumentation, and medication. Currently, the injured worker complains of neck pain. The treating physician requested authorization for Voltaren gel 1% #1 and Lidoderm 5% patch #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren gel 1% #1 tube:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112 of 127.

**Decision rationale:** This claimant was injured in 2007. The injured worker was diagnosed as having cervical spondylosis, left cubital tunnel syndrome, and left medial humeral epicondylitis. Treatment to date has included cervicothoracic laminectomy with spinal fusion in 2007, cervicothoracic laminectomy C5-T3 with removal of instrumentation, and medication. There is ongoing neck pain prompting the request for the gel. Gastrointestinal intolerance to oral medicine is not noted. Per the MTUS, Voltaren Gel 1% (diclofenac) 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. As this person has areas of pain for which the medicine has not been studied, it would not be appropriate to use the medicine in an untested manner on worker compensation or any patient. The request is not medically necessary.

**Lidoderm 5% patch #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56 of 127.

**Decision rationale:** This claimant was injured in 2007. The diagnoses were cervical spondylosis, left cubital tunnel syndrome, and left medial humeral epicondylitis. Treatment to date has included cervicothoracic laminectomy with spinal fusion in 2007, cervicothoracic laminectomy C5-T3 with removal of instrumentation, and medication. There is ongoing neck pain. Lidoderm is the brand name for a lidocaine patch produced by Endo Pharmaceuticals. Topical lidocaine may be 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. It is not clear the patient had forms of neuralgia, and that other agents had been first used and exhausted. The MTUS notes that further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The request was not medically necessary under MTUS.