

Case Number:	CM15-0120748		
Date Assigned:	07/01/2015	Date of Injury:	08/07/2006
Decision Date:	09/11/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/22/2015

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: New York

Certification(s)/Specialty: Anesthesiology

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 72 year old male, who sustained an industrial injury on 8/7/2006. The mechanism of injury is not indicated. The injured worker was diagnosed as having lumbar facet syndrome, myofascial pain syndrome, and bilateral knee pain, left wrist ulnar neuropathy, and left carpal tunnel syndrome. Treatment to date has included left carpal tunnel release surgery (9/18/2014), and a home exercise program. The request is for Voltaren gel 15%/Lidocaine 10% compound cream. On 12/4/2014, he complained of his right ring finger still triggering. Physical findings revealed triggering is no better with injection, A-1 pulley right ring finger, tender cyst A-1 pulley triggers and catches. There is no change in the work status. The treatment plan included: surgery for release of right ring trigger finger that had failed splint, injections and therapy. On 12/9/2014, he is seen for follow up regarding his left wrist/hand. Physical findings revealed numbness is gone in the left hand. The left long finger triggers, sensation is intact, and there is good range of motion of the fingers. The treatment plan included: home exercise program, future injection of left long finger, and recheck in 7 weeks. The work status is noted as "no change in status". On 12/16/2014, he is noted to have right shoulder pain after surgery on 5/6/2014. He had bilateral total knee replacement surgery on 4/25/2013 (non-industrial basis). He reported continued left knee pain and buckling. Pain medications are noted to have been increased on 10/21/2014. Pain is noted to have decreased on 11/18/2014 and he reported at that time pain of the low back along the sacroiliac joints. He continued is reported to be utilizing Percocet, Senna-s, Colace, and Ambien, as well as Ibuprofen and an unnamed stomach medicine. He indicated with the use of medications he is able to sit for about 1 hour before changing position and without medications it would be just a few minutes. He rated his pain

8/10. There is a noted aberrant behavior on a CURES report dated 6/27/2014, indicating multiple providers prescribing pain medications. On 3/18/2015, the provider noted a peer to peer done on 2/18/2015 with agreed modification of Percocet to #75 from #90. He reported having increased pain in the left sciatic which is causing him to lose sleep. His low back pain is increased to 8-9/10 as he had run out of Percocet. Percocet is noted to have an onset of 60 minutes and decreases his pain by 80% for 3-4 hours. The current medications are: Tylenol, Benazepril HCL, Aspirin, Senna-S, Plavix, Atorvastatin Calcium, Niacin, Hydrochlorothiazide, Nitroglycerin sublingual, Metoprolol Tartrate, and Percocet. On 5/19/2015, he complained of right shoulder pain, left knee pain and buckling, and bilateral hand problems. His pain is rated 6+/10 with the use of Percocet. The treatment plan included: Percocet, Senna-S, Colace, and Ambien. The records do not indicate when Voltaren gel 15%/Lidocaine 10% compound cream was originally prescribed, continued, or the body part(s) for which it is to be applied. There are no indications of difficulties or failure with oral non-steroidal anti-inflammatory drugs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 15% Lidocaine 10% Compound cream: Upheld

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

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

Decision rationale: The CA MTUS guidelines do not recommend any compounded product that contains at least one drug (or drug class) that is not recommended. Voltaren gel (Diclofenac) is a non-steroidal anti-inflammatory drug (NSAID). Topical creams containing NSAIDs per CA MTUS may be recommended for short term for osteoarthritis and tendinitis. Topical NSAIDs are not recommended for osteoarthritis of the spine, hip, or shoulder. Lidocaine is recommended for localized peripheral pain (neuropathic 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). Topical lidocaine in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off label for diabetic neuropathy. The CA MTUS guidelines state that Lidoderm is the only approved formulation of Lidocaine, and that no other commercially approved topical formulation of lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Lidocaine is not recommended for non-neuropathic pain. There is only one trial that tested 4% Lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. In this case, the documentation does not indicate when the requested Voltaren gel 15%/ Lidocaine 10% compound cream was originally prescribed, continued, or which body part(s) it is to be applied. The requested medication contains an ingredient that is not recommended per the CA MTUS guidelines. In addition, there is no indication in the documentation that the injured worker

is unable to tolerate oral analgesics. The criteria set forth by the CA MTUS guidelines have not been met. In addition, it is unclear if Voltaren 15% is the correct concentration for this topical agent. The request for Voltaren gel 15%/ Lidocaine 10% compounded analgesic cream is not medically necessary.