

<b>Case Number:</b>	CM15-0144887		
<b>Date Assigned:</b>	08/05/2015	<b>Date of Injury:</b>	03/14/2002
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	07/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2015

### 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: California, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 62 year old female who sustained an industrial injury on 3-14-02. The injured worker was diagnosed as having cervical radiculopathy, pain disorder related psychological factors, fibromyalgia and myositis, and unspecified neuralgia, neuritis, and radiculitis. Treatment to date has included left thumb fusion on 2-27-15 and medication including Norco, Baclofen, and Tramadol. On 6-23-15 the treating physician noted, "the patient has been stable and her pain managed on her current medications for years. Nothing has changed to improve patient's chronic, worker related pain, and therefore she is unable to discontinue or wean off." The injured worker had been using Lidoderm patches and Voltaren gel since at least June 2015. Physical examination findings on 6-23-15 included palpable twitch positive trigger points in the head, neck, and thoracic paraspinal muscles. Pain was noted with extension and rotation of the cervical spine. Straight leg raise tests were positive bilaterally and palpation of the lumbar facet revealed pain on both sides at the L3-S1 region. Currently, the injured worker complains of neck and back pain. Tightness in her neck radiating to the right upper back and shoulder and tingling in bilateral hands was noted. On 6-24-15 the treating physician requested authorization for Lidoderm 5% patches 700 mg per patch #60 with 1 refill and retrospective Voltaren 1% topical gel 5g with 2 refills for the date of service 6-23-15. On 7-15-15 the requests were non-certified by Utilization Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Voltaren 1% topical gel #5gram with 2 refills, DOS: 06/23/15:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Voltaren® Gel (Diclofenac).

**Decision rationale:** The MTUS lists Voltaren Gel as an FDA approved medication 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, and according to the ODG, it is not recommended as first-line treatment. Of critical importance is that MTUS states that topical NSAIDs are not recommended for neuropathic pain. According to the most recent medical records available (7-28-15), the injured worker has been treated with topical Voltaren and her medications help her to remain functional and perform activities of daily living; however, there is no evidence of objective functional improvement in the notes. Coupled with the lack of evidence for use in the surface regions of this injured worker's complaints and that it is not indicated for neuropathic pain, the request for Voltaren 1% topical gel #5 with 2 refills, DOS: 06/23/15, cannot be considered medically necessary and appropriate.

**Lidoderm 5% (700mg/patch) #60 with 1 refill:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Lidoderm® (lidocaine patch).

**Decision rationale:** The MTUS states there is little to no research to support the use of many compounded agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The MTUS states that lidocaine is recommended as a topical product for localized peripheral pain after there has been evidence of a trial of first-line therapy. According to the most recent treating provider notes from 7-28-15, the injured worker is currently on first-line therapy (Lyrica) and has been on Lidoderm patches with sufficient efficacy, since the patches have allowed for decreased opioid use and improved function. Therefore, per the cited guidelines, the request for Lidoderm 5% (700 mg/patch) #60 with 1 refill is considered medically necessary and appropriate.