

<b>Case Number:</b>	CM15-0179901		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	05/10/2010
<b>Decision Date:</b>	11/02/2015	<b>UR Denial Date:</b>	09/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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 46-year-old who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of May 10, 2010. In a Utilization Review report dated September 8, 2015, the claims administrator failed to approve requests for Voltaren gel and Lidoderm pads. An August 28, 2015 order form was referenced in the determination. The applicant's attorney subsequently appealed. On a prescription dated August 24, 2015, handwritten, both Voltaren gel and Lidoderm pads were endorsed. In an associated progress note dated August 24, 2015, the applicant reported ongoing complaints of knee and shoulder pain reportedly attributed to synovitis of the right knee and impingement syndrome of the shoulder. The attending provider contended that the applicant's Voltaren gel, oral Flexeril, and Lidoderm patches were attenuating the applicant's chronic pain complaints, and were facilitating the applicant's maintenance of full-time, regular duty work status. The applicant was returned to unrestricted work at the bottom of the note, it was acknowledged. The applicant had undergone an earlier arthroscopy procedure.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren gel 1%, #100 with 1 refill:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** Yes, the request for Voltaren gel, a topical NSAID, was medically necessary, medically appropriate, and indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical NSAIDs such as the Voltaren gel at issue are indicated in the treatment of arthritis and tendonitis of the knee, elbow, and/or other joints amenable to topical treatment. Here, the attending provider contended that the applicant had mechanical knee pain complaints and/or knee arthritis status post an earlier knee arthroscopy procedure. The attending provider contended that ongoing usage of Voltaren gel had proven successful in attenuating the applicant's pain complaints and facilitating the applicant's ability to maintain full-time, unrestricted work status, as of the August 24, 2015 office visit at issue. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.

**Lidocaine pad 5%, #15 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction, Topical Analgesics.

**Decision rationale:** Conversely, the request for lidocaine pads 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 treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first-line therapy of antidepressants and/or anticonvulsants. Here, however, the applicant's presentation was not suggestive or evocative of neuropathic pain, which, per page 3 of MTUS Chronic Pain Medical Treatment Guidelines is characterized by numbing, tingling, lancinating, and/or burning symptoms. Here, however, the August 24, 2015 progress note suggested that the applicant had mechanical knee and shoulder pain complaints attributed to knee synovitis and shoulder impingement syndrome, i.e., conditions which are not classically associated with neuropathic pain. There was, moreover, no evidence that the applicant had in fact failed antidepressant adjuvant medications or anticonvulsant adjuvant medications prior to the request for Lidoderm patches being initiated. Therefore, the request was not medically necessary.