

<b>Case Number:</b>	CM15-0035539		
<b>Date Assigned:</b>	03/04/2015	<b>Date of Injury:</b>	05/29/2013
<b>Decision Date:</b>	06/16/2015	<b>UR Denial Date:</b>	02/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2015

### 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

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 53 year old male who sustained an industrial injury on 5/29/13 when he fell in a hole while walking backwards and his backside struck the side of the hole. He was evaluated medically, given medications and returned to work. He switched providers and was given 13 chiropractic sessions, 19 sessions of physical therapy and medication. He had a prior low back injury with a diagnosis of spondylolisthesis. He currently complains of constant low back pain; right sided shoulder pain that extends across the lower portion of the scapula and right foot pain. Medications are carisoprodol, nabumetone, Tramadol, cyclobenzaprine, ibuprofen. Diagnoses include low back pain with lumbar radiculopathy; right shoulder pain. Treatments to date include medications, physical therapy, and chiropractic care. Diagnostics include lumbar MRI (12/5/13) showing broad based disc bulge with annular tear; x-ray of the lumbar spine (12/2/13). In the progress note dated 1/23/15, the treating provider's plan of care includes requests for Voltaren gel and Lidoderm patches for painful areas.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren gel (4tubes): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Topical Analgesics Page(s): 111-112.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Voltaren® Gel (diclofenac).

**Decision rationale:** According to the Official Disability Guidelines, Voltaren gel is not recommended as a first as a first-line treatment, and is recommended only for osteoarthritis after failure of oral NSAIDs, or contraindications to oral NSAIDs, or for patients who cannot swallow solid oral dosage forms, and after considering the increased risk profile with diclofenac, including topical formulations. Documentation in the medical record does not meet guideline criteria. Voltaren gel (4tubes) is not medically necessary.

**Lidoderm 5 percent patch, quantity of 90, 1-3 patches to skin 12 hours on and 12 hours off:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Topical Analgesics Page(s): 111-112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 56.

**Decision rationale:** According to the MTUS, Lidoderm 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. The medical record has no documentation that the patient has undergone a trial of first-line therapy. Lidoderm 5 percent patch, quantity of 90 is not medically necessary.