

Case Number:	CM15-0063524		
Date Assigned:	04/09/2015	Date of Injury:	08/09/2001
Decision Date:	05/08/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/03/2015

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: Emergency 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 61 year old female, who sustained an industrial injury on 8/9/2001. The current diagnoses are cervical spondylosis, fibromyositis, and degeneration of cervical intervertebral disc. According to the progress report dated 3/2/2015, the injured worker complains of persistent neck, bilateral shoulder, and back pain. She notes new radiation into her legs. The pain is rated 3/10 with medications and 7/10 without. The current medications are Flexeril, Voltaren gel, and Lidoderm patch. Treatment to date has included medication management and home exercise program. The plan of care includes prescriptions refills for Voltaren gel, Lidoderm patch, and Cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 1% topical gel100 gram tube #3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Non-steroidal anti-inflammatory agents, Page 111-112; Non-steroidal anti-

inflammatory medications, GI symptoms and cardiovascular risk, Page68-69 Page(s): 111-112, 68-69.

Decision rationale: The requested Voltaren 1% topical gel100 gram tube #3, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Topical Analgesics, Non-steroidal anti-inflammatory agents, Page 111-112, recommend topical analgesics with documented osteoarthritis with intolerance to oral anti-inflammatory agents; Non-steroidal anti-inflammatory medications, GI symptoms and cardiovascular risk, Page 68-69, note that all NSAID s have the potential to raise blood pressure in susceptible patients. The injured worker has persistent neck, bilateral shoulder, and back pain. She notes new radiation into her legs. The treating physician has not documented the patient's intolerance of these or similar medications to be taken on an oral basis, nor objective evidence of functional improvement from any previous use. The request for Voltaren 1% topical gel100 gram tube #3 is not medically necessary.

Lidoderm 5% (700 mg/patch Adhesive patch #60 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm, Pages 56-57.

Decision rationale: The requested Lidoderm 5% (700 mg/patch Adhesive patch #60 2 refills, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Lidoderm, Pages 56-57, note that "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)". It is not considered first-line therapy and only FDA approved for post-herpetic neuralgia. The injured worker has persistent neck, bilateral shoulder, and back pain. She notes new radiation into her legs. The treating physician has not documented physical exam findings indicative of radiculopathy, failed first-line therapy or documented objective evidence of functional improvement from the previous use of this topical agent. The request for Lidoderm 5% (700 mg/patch Adhesive patch #60 2 refills is not medically necessary.

Cyclobenzaprine 10mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antispasmodics Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Page63-66.

Decision rationale: The requested Cyclobenzaprine 10mg #60 with 2 refills, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAID s and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has persistent neck, bilateral shoulder, and back pain. She notes new radiation into her legs. The treating physician

has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The request for Cyclobenzaprine 10mg #60 with 2 refills is not medically necessary.