

Case Number:	CM15-0069852		
Date Assigned:	04/17/2015	Date of Injury:	07/28/2003
Decision Date:	05/19/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/13/2015

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 54-year-old who has filed a claim for bilateral knee pain reportedly associated with an industrial injury of July 28, 2003. In a Utilization Review report dated April 7, 2015, the claims administrator failed to approve requests for lidocaine cream and Voltaren gel. The claims administrator referenced a March 25, 2015 progress note and associated RFA form received on April 2, 2015 in its determination. The applicant's attorney subsequently appealed. In a RFA form dated January 20, 2015, the applicant was given refills of Ambien and Tylenol No. 4 for reported diagnosis of chronic knee arthritis. On October 20, 2014, the applicant was again asked to continue Norco for ongoing complaints of knee pain associated with knee arthritis. The applicant's permanent work restrictions were renewed. It did not appear that the applicant was working with said permanent limitations in place. On January 20, 2015, Voltaren gel, Celebrex, Tylenol No. 4, Percocet, and Lidoderm patches were endorsed. The applicant reported complaints of mechanical knee pain exacerbated by standing and/or walking for protracted amounts of time. Crepitation about the knees was appreciated. It was suggested that the request for Voltaren gel was a continuation request, while the request for Lidoderm patches represented a first-time request. There was no seeming discussion of medication efficacy insofar as topical Voltaren was concerned. On January 26, 2015, the applicant was described as severely obese, with BMI of 37. Ongoing complaints of knee pain were reported. The applicant was given refills of Percocet, Celebrex, Voltaren gel, Norco, and Tylenol No. 4. On February 24, 2015, the applicant acknowledged that he was only able to walk about two blocks secondary to knee pain complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription for Lidocaine 4% cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Mechanisms; Lidocaine Page(s): 3; 112.

Decision rationale: No, the request for topical lidocaine 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 the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants, in this case, however, there was no mention of the applicant's having failed antidepressant adjuvant medications and/or anticonvulsant adjuvant medications prior to introduction of the lidocaine cream in question. It is further noted that the applicant's primary pain generator was knee pain secondary to knee arthritis. The applicant's knee pain complaints were described as mechanical in nature, exacerbated by standing and walking tasks. There was no mention or description of neuropathic-like symptoms evident on multiple office visits, referenced above. Neuropathic pain, per page 3 of the MTUS Chronic Pain Medical Treatment Guidelines, is characterized by symptoms such as lancinating, electric shock like, burning, numbing, and/or tingling sensations. Here, there were no such symptoms seemingly present here. Therefore, the request was not medically necessary.

Prescription for Voltaren gel: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren Gel 1% (diclofenac) Page(s): 112.

Decision rationale: Similarly, the request for Voltaren gel was likewise not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical Voltaren gel is indicated in the treatment of small joint arthritis in joints which lends themselves toward topical application, such as the knee, i.e., the primary pain generator present here, this recommendation, however, is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, ongoing usage of Voltaren gel had seemingly failed to affect any lasting benefit or functional improvement. The applicant did not appear to have returned to work following imposition of permanent work restrictions. The applicant continued to report difficulty performing activities of daily living as basic as standing, walking,

and kneeling. The applicant was unable to walk more than two blocks. Ongoing usage of Voltaren gel failed to curtail the applicant's dependence on multiple different opioid agents, including Percocet, Tylenol No. 4, Norco, etc. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Voltaren gel. Therefore, the request was not medically necessary.