MAXIMUS Federal Services

Case Number:	CM15-0098257		
Date Assigned:	05/29/2015	Date of Injury:	06/20/2009
Decision Date:	07/08/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	05/21/2015

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 was a 44 year old female, who sustained an industrial injury, June 20, 2009. The injured worker previously received the following treatments Voltaren gel, Lidoderm, Ibuprofen, Hydrochlorothiazide, Lisinopril, right wrist MRI, EMG/NCS (electrodiagnostic studies and nerve conduction studies) of the right upper extremity on April 15, 2015 showed mild right C7 radiculopathy without active denervation, right wrist arthroscopic surgery March 9, 2011, stretching exercises and ice/heat treatments. The injured worker was diagnosed with sprain of scapholunate ligament with swelling and irregularity and dorsal third compartment swelling. According to progress note of May 7, 2015, the injured workers chief complaint was right wrist pain. The injure worker rated the pain 6 out of 10 without pain medications and poor quality of sleep. The physical exam noted the right shoulder had tenderness with palpation over the biceps groove and subdeltoid bursa. The right elbow had tenderness with palpation over the lateral epicondyle. The right wrist had a well healed surgical scar with keloid on the dorsal aspect of the wrist. The range of motion was restricted with palmer flexion, limited to 70 degrees, dorsiflexion limited to 60 degrees, ulnar deviation limited to 30 degrees and radial deviation limited to 10 degrees. Phalen's sign was positive. Tinel's sign was negative. There was tenderness with palpation noted over the radial side, anatomical snuffbox, first dorsal compartment and thenar eminence. The injured worker was working full time without restrictions. The treatment plan included prescriptions for Voltaren gel and Lidoderm patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 1 Percent Gel Qty 3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Per the MTUS Guidelines, the use of topical analgesics is recommended as an option for some agents. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. Voltaren Gel 1% is FDA approved and 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. Maximum dose should not exceed 32 g per day (8 g per joint per day in the upper extremity and 16 g per joint per day in the lower extremity). The injured worker has been injured for six years and has been treated chronically with Voltaren Gel. Chronic use of Voltaren Gel or other NSAIDs is not recommended by the MTUS Guidelines. The request for Voltaren 1 percent Gel Qty 3 is determined to not be medically necessary.

2 Prescription Lidoderm 5 Percent Patch Qty 30 with 1 Refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine Patch) Section Page(s): 56, 57.

Decision rationale: Lidoderm is a lidocaine patch providing topical lidocaine. The MTUS Guidelines recommend the use of topical lidocaine primarily for neuropathic pain when trials of antidepressant and anticonvulsants have failed. There is no clear evidence in the clinical reports that this injured worker has neuropathic pain that has failed treatment with trials of antidepressants and anticonvulsants. This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. The injured worker was prescribed lidoderm patches in March 2015 and stated that his pain level had not changed on a May 2015 visit. The request for 2 Prescription Lidoderm 5 Percent Patch Qty 30 with 1 Refill is determined to not be medically necessary.