

<b>Case Number:</b>	CM15-0099081		
<b>Date Assigned:</b>	06/01/2015	<b>Date of Injury:</b>	07/30/1998
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	05/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2015

### 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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 (IW) is a 64-year-old female who sustained an industrial injury on 07/30/1998. She reported neck and back pain with pain in the arms. The injured worker was diagnosed as having cervicobrachial syndrome, chronic pain syndrome, lumbago, and lumbosacral disc degeneration. Treatment to date has included oral pain medications, injections, and pain medication management. Currently, the injured worker complains of right sided pain at the head, right neck, arm, and upper and mid back. She describes the pain as aching, throbbing, pins and needles and burning. Her pain level is 6-7/10 and she has headaches and numbness. Pain interferes with her sleep and she averages only 4-5 hours per night. Her pain level, quality of life, and activities of daily living have remained constant, and she is not working. On examination, she exhibits right upper arm sensory deficits, she is able to abduct her right shoulder, her muscle tone is normal and her motor exam revealed normal tone and power. She has positive Spurling's sign on the right. She is stable on her current medications with optimal improvement in function and activities of daily living and no adverse effects or aberrant behavior. However, she states the medications are not working well, and is inquiring if she can get any type of injection for the pain (3/18). A Toradol injection was given for acute flare-up of her chronic pain. Random toxicology screening was performed during this visit. She has a signed pain contract. The treatment plan included a request for a cervical epidural steroid injection, and for a sleep evaluation, an orthopedic cervical pillow, an authorization for physical therapy, and a continuation of her current medications. Requests for authorization are made for: Voltaren 1 percent gel #100, Lidoderm 5 percent patch percent (700mg/patch) apply to skin everyday #30 and Norco 7. 5/325mg 1 po every 6 hours #120.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Voltaren 1 percent gel #100:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics - NSAIDs (non-steroidal anti-inflammatory drugs).

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

**Decision rationale:** Voltaren 1 percent gel #100 is not medically necessary. Per MTUS guidelines page 67, NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain so to prevent or lower the risk of complications associate with cardiovascular disease and gastrointestinal distress. The medical records do no document the length of time the claimant has been on anti-inflammatory medication. Additionally, the claimant had previous use of NSAIDs. The medication is therefore not medically necessary.

**Lidoderm 5 percent patch percent (700mg/patch) Apply to skin everyday #30:** Upheld

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

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

**Decision rationale:** Lidoderm 5% Patches #30 is not medically necessary. According to California MTUS, 2009, chronic pain, page 111 California MTUS guidelines does not cover "topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended, is not recommended." Additionally, Per CA MTUS page 111 states that topical analgesics are "recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (anti-depressants or AED)." Only FDA-approved products are currently recommended. Non-neuropathic pain: Not recommended. The claimant was not diagnosed with neuropathic pain and there is no documentation of physical findings or diagnostic imaging confirming the diagnosis; therefore, the requested medication is not medically necessary.