Case Number:	CM16-0243394		
Date Assigned:	12/22/2016	**Date of Injury:**	10/26/2016
Decision Date:	01/20/2017	**UR Denial Date:**	11/22/2016
Priority:	Standard	**Application Received:**	12/19/2016

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 28 year old male, who sustained an industrial injury on 10-26-2016. Diagnoses include right hand contusion, dizziness and giddiness, cervical sprain, concussion, lumbar sprain, and history of autism spectrum. Treatments to date include activity modification and medication therapy including anti-inflammatory. On 11-11-16, he complained of no improvement in the pain of the neck and head, face, low back, and right hand. He also complained of feeling dizzy and feels "his throat is swollen." The record documented a history of a diagnosis of autism spectrum disorder and large tongue resulting in difficulty swallowing oral medications. He rated pain 10 out of 10 VAS. A CT Scan was noted as "normal." The physical examination documented decreased range of motion and cervical tenderness and tenderness along lower occiput. The plan of care included Ibuprofen suspension 600mg three times daily until approval is obtained for Voltaren topical gel and Lidoderm patches, "as he is not able to tolerate oral medications." The appeal requested authorization for Voltaren gel four times daily 60grams with one refill and Lidoderm patch topically for twelve hours daily 1 box with one refill from date of service 11-11-16. The Utilization Review dated 11-22-16, denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel apply to affected area 4 times a day, #60 grams with 1 refill, DOS: 11/11/2016: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter (Online version) Diclofenac.

MAXIMUS guideline: The Expert Reviewer based their decision on recommendation(s) outside of the MTUS Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section/Voltaren® Gel (diclofenac) Topic.

Decision rationale: The injured worker is being treated for an acute injury, therefore, the Chronic Pain Treatment Guidelines do not apply. Per the ODG, 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. At this time, the only available FDA-approved topical NSAID is diclofenac. Voltaren® Gel 1% (diclofenac) is indicated for relief of osteoarthritis pain in a joint that lends itself 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). In this case, although there is documentation of an inability to swallow oral pills, the injured worker is able to swallow liquids. There is no documentation of a trial and failure of all available liquid forms of first-line medications. Additionally, as this is a request for a trial of Voltaren, the request for 1 refill is excessive. Medical necessity has not been established. The request for Voltaren gel apply to affected area 4 times a day, #60 grams with 1 refill, DOS: 11/11/2016 is determined to not be medically necessary.

Lidoderm patch, 12 hours on 12 hours off to affected area, #1 box with 1 refill, DOS: 11/11/2016: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter (Online Version) Lidoderm (lidocaine patch).

MAXIMUS guideline: The Expert Reviewer based their decision on recommendation(s) outside of the MTUS Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section/Lidoderm® (lidocaine patch) Topic.

Decision rationale: The injured worker is being treated for an acute injury, therefore, the Chronic Pain Treatment Guidelines do not apply. Per the ODG, Lidoderm is not recommended until after a trial of a first-line therapy, according to the criteria below. Lidoderm® is the brand name for a lidocaine patch produced by Endo Pharmaceuticals. Topical lidocaine may be recommended for localized neuropathic 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. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. In this case, although it is noted that the injured worker is unable to swallow oral pills, he is able to swallow liquid. There is no documentation of a trail and failure with liquid forms of first-line medications. Additionally, as this is a request for a trial with Lidoderm, the request for refills is excessive. Medical necessity has not been established. The request for Lidoderm patch, 12 hours on 12 hours off to affected area, #1 box with 1 refill, DOS: 11/11/2016 is determined to not be medically necessary.