

Case Number:	CM13-0030959		
Date Assigned:	12/04/2013	Date of Injury:	01/26/2009
Decision Date:	11/20/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	10/02/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a patient with a date of injury of January 26, 2009. A utilization review determination dated September 11, 2013 recommends noncertification of diclofenac/gabapentin/lidocaine. A progress report dated August 28, 2013 identifies subjective complaints indicating that the patient still has not been able to obtain the cream diclofenac/gabapentin/lidocaine and continues to experience pain into her shoulders and arms. Objective examination findings indicate slight restriction in shoulder range of motion with pain and diffuse tenderness. Diagnoses include contusion of the back and sprain/strain of the lumbar spine. The treatment plan recommends diclofenac/gabapentin/lidocaine. A progress report dated May 30, 2013 recommends prescribing Naprosyn instead of Ibuprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

DICLOFENAC/GABAPENTIN/LIDOCAINE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Regarding the request for Diclofenac/Gabapentin/Lidocaine, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Topical NSAIDs are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Topical lidocaine is "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)." Additionally, it is supported only as a dermal patch. Regarding topical gabapentin, Chronic Pain Medical Treatment Guidelines state that topical anti-epileptic medications are not recommended. They go on to state that there is no peer-reviewed literature to support their use. Within the documentation available for review, there is no indication that the patient is unable to tolerate oral NSAIDs. Additionally, guidelines do not support the use of topical gabapentin. In light of the above issues, the request for Diclofenac/Gabapentin/Lidocaine is not medically necessary.