

Case Number:	CM13-0037899		
Date Assigned:	04/25/2014	Date of Injury:	04/06/2005
Decision Date:	08/06/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/24/2013

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Nevada and 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:

The injured worker is a 45 year old male injured 04/06/05 due to an undisclosed mechanism of injury. Current diagnoses include chronic low back pain, lumbar disc protrusions, radiculitis of bilateral lower extremities, cervical strain, cervical disc protrusion, right shoulder impingement syndrome, headaches, rule out gastritis, and sternal costal inflammation. Clinical documentation indicates the injured worker presented on 07/11/13 with complaints of neck and right shoulder pain with the neck worse than the shoulder. Physical examination revealed tenderness to palpation at the paracervical and paralumbar musculature, muscle spasm of each, painful range of motion, pains to palpation of the right shoulder, positive Neer's test and positive Hawkins' test, limited range of motion of the right shoulder, and pain to palpation of the subxiphoid region and external costal region. Plan of care includes prescription for Omeprazole and topical compound, referral for pain management consultation and continued therapy. The initial request for Diclofenac/Indomethacin/Lidocaine/Hyaluronic Acid dispensed on 07/22/13 was initially non-certified on 09/27/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

DICLOFENAC/INDOMETHACIN/LIDOCAINE/HYALURONIC ACID (DISPENSED ON 07/22/2013): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

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

Decision rationale: The safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. This compound contains multiple components which have not been approved for transdermal use. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. Therefore, Diclofenac/Indomethacin/Lidocaine/Hyaluronic Acid cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.