

Case Number:	CM14-0133870		
Date Assigned:	08/25/2014	Date of Injury:	11/15/2012
Decision Date:	10/02/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/18/2014

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 Internal 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:

The injured worker is a 53 year female who was injured on 11/15/12 sustaining pain in the cervical spine and hands. Mechanism of injury was undisclosed. Clinical diagnoses include tenosynovitis of hand and wrist, and chronic cervical strain with degenerative changes. Clinical note dated 07/21/14 indicated the injured worker came for follow-up of persistent pain in both hands and cervical spine. The pain in her cervical spine, as well as pain in both hands, were both rated as 8/10 on the pain scale. She also indicated feeling of stiffness and noticed more nodules on her fingers. The injured worker indicated her symptoms were worse when she dresses herself, pulling zippers, and holding objects. Her symptoms were relieved by rest and use of medications. The injured worker also indicated that with use of Norco, her pain decreases from a level of 8/10 to a level of 4/10, and she was able to do more activities of daily living around the house. Physical examination of the cervical spine revealed decrease range of motion with tenderness to the paraspinals and trapezius muscles bilaterally, and positive, Spurling's bilaterally. There was also decreased strength bilaterally at C5, C6, C7 and C8 levels. Examination of bilateral hands revealed decreased grip strength, 4/5, bilaterally. The injured worker was unable to make a fist, and there was diffuse tenderness over the volar aspect of bilateral hands and in the interosseous spaces. There were no additional or recent clinical documentation submitted for review. The previous request for Diclofenac/Lidocaine 3%/5% 180gm was non-certified and the request for KeraTek gel 4oz x 1 was certified with modification on 08/12/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

DICLOFENAC/LIDOCAINE 3%/5% 180 G: 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.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, 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. Current guidelines do not recommend the use of Diclofenac as first-line treatment due to increased risk profile. Diclofenac is recommended for osteoarthritis after failure of an oral non-steroidal anti-inflammatory agent, contraindications to oral NSAIDs, or for injured workers who cannot swallow solid oral dosage forms. Lidocaine, on the other hand, is recommended for a trial if there is evidence of localized pain that is consistent with neuropathic etiology. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. As such, the request for this compounded medication containing diclofenac/lidocaine 3%/5%, 180gms, is not medically necessary.

KERATEK GEL - 4OZ: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals Page(s): 105.

Decision rationale: Kera-Tek is a topical analgesic that contains menthol 16% and methyl salicylate 28%. As noted on page 105 of the Chronic Pain Medical Treatment Guidelines, salicylate topicals are recommended in the treatment of chronic pain. This compound is known to contain menthol and methyl salicylate. Topical salicylate is significantly better than placebo in chronic pain. However, there is no indication in the documentation that the injured worker cannot utilize the readily available over-the-counter version of this medication without benefit. In addition, there were no recent clinical documentations provided for review limiting the ability to establish the injured worker's current status and substantiate the medical necessity of the requested medication. As such, the request for Keratek Gel 4oz is not medically necessary.