

Case Number:	CM14-0135015		
Date Assigned:	08/29/2014	Date of Injury:	02/23/2012
Decision Date:	10/03/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/21/2014

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 Physical Medicine & Rehabilitation, 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 patient is a 66-year-old female who has submitted a claim for s/p blunt head trauma with cephalgia, bilateral wrist pain, bilateral shoulder, knee, and foot pain associated with an industrial injury date of 2/23/2012. Medical records from 2/10/2014 up to 8/21/2014 were reviewed showing severe headaches and dizziness. She also complained of bilateral shoulder pain, 7-8/10 in severity, unchanged from previous visits. The pain was alleviated by rest and medication and aggravated by activities. Physical examination showed tenderness over bilateral shoulders, limited ROM, and muscle strength of 4/5. There was tenderness over her bilateral wrists dorsal compartments and limited ROM. There was crepitus with ROM, swelling, decreased ROM, and decreased strength of her bilateral knees. Treatment to date has included Ultram and Biotherm. Utilization review from denied the request for DICLOFENAC/LIDOCAINE CREAM (3%/5%) 180G, KERA-TEK ANALGESIC GEL, and modified the request for NEUROLOGIST CONSULTATION AND TREATMENT; DETERMINATION DATE 08/07/2014 to consult only. Regarding the Diclofenac/Lidocaine cream, Lidocaine is only supported as a dermal patch and there is no diagnosis of osteoarthritis or tendinitis to support topical Diclofenac. Regarding Keratek, there is no documentation of a diagnosis of osteoarthritis or tendinitis for this patient. Regarding the request for neurologist consultation and treatment, given the persistent and severe headache, referral to a specialist such as neurology that would be better able to evaluate the headache pain is reasonable and supported.

IMR ISSUES, DECISIONS AND RATIONALES

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

DICLOFENAC/LIDOCAINE CREAM(3%/5%) 180G: Upheld

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

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

Decision rationale: According to page 111-113 of CA MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Diclofenac is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). Topical Lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. In this case, the patient's initial use of this medication was not clearly stated. The patient did not exhibit any neuropathic symptoms. She is not diagnosed with osteoarthritis to warrant the use of Diclofenac. Moreover, only Lidocaine as a dermal patch is recommended as a topical analgesic. Guidelines state that any compounded product that contains a drug class that is not recommended is not recommended. Therefore, the request for DICLOFENAC/LIDOCAINE CREAM (3%/5%) 180G is not medically necessary.

KERA-TEK ANALGESIC GEL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals, Topical Analgesics Page(s): 105, 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Topical Salicylate

Decision rationale: According to page 111 of CA MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Keratek gel contains 28% methyl salicylate and 16% menthol. Page 105 states that the guidelines support the topical use of methyl salicylates; the requested Keratek has the same formulation as over-the-counter products such as BenGay. Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter issued an FDA warning indicating that topical OTC pain relievers that contain menthol, or methyl salicylate, may in rare instances cause serious burns. In this case, the patient has been using this medication since at least 2/2014. However, it has not been established that there is any necessity for this specific brand name. The present request also does not specify the amount of medication to dispense. Therefore, the request for Keratek analgesic gel is not medically necessary.

**NEUROLOGIST CONSULTATION AND TREATMENT; DETERMINATION DATE
08/07/2014: Upheld**

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7 - Independent Medical Examinations and Consultations, page 127

Decision rationale: According to pages 127 & 156 of the ACOEM Guidelines referenced by CA MTUS, consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. In this case, the patient has been suffering from severe chronic headaches with dizziness. Referral to a specialist such as neurology who would be better able to evaluate the headache is reasonable and supported. However, certification of treatment would be reviewed after consideration of the initial neurologic consultation. Therefore the request for NEUROLOGIST CONSULTATION AND TREATMENT; DETERMINATION DATE 08/07/2014 is not medically necessary.