

Case Number:	CM14-0135632		
Date Assigned:	08/29/2014	Date of Injury:	07/05/2012
Decision Date:	09/29/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	08/22/2014

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 and 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:

This is a male patient with a date of injury of July 5, 2012. A utilization review determination dated August 11, 2014 recommends non-certification of diclofenac 3%/ lidocaine 5% cream 180 g. A progress note dated July 17, 2014 identifies subjective complaints of continued significant left lower leg and left toe pain. The patient has been diagnosed with extensor hallucis longus dysfunction and has been recommended surgery. The patient also complains of bilateral shoulder, left knee, left ankle, left foot pain. He also has issues related to nerves, psych, and sleep. He rates his bilateral shoulder pain a 5/10 and reports pain it is frequent and unchanged since the previous visit. He reports his left knee pain, left ankle pain, and left foot pain is a 5/10 and states that the pain is constant and unchanged since last visit. The patient is currently taking tramadol one tablet as needed, reports improvement of his pain level from a 5/10 to a 2/10 on a pain scale of 0 to 10 after taking the medication. His pain is better with rest and medications, and his pain is worse with prolonged standing or walking. The patient is currently not working. Physical examination identifies limited bilateral shoulder range of motion, positive Neer's and Hawkins impingement tests bilaterally, muscle strength was 4/5 on the right side and 5/5 on left side flexion, extension, adduction, abduction, internal rotation, and external rotation. Palpation of the gluteal trochanter revealed tenderness, left knee revealed limited range of motion, there was tenderness to palpation over the patellar tendon and the medial joint line, patellofemoral grind test was positive on the left side. The left ankle revealed a positive dorsiflexion test, tenderness of the subtalar joint with palpation, and muscle strength was 4/5 dorsiflexion, inversion, and eversion. Diagnoses include left distal third tibia and fibula fracture, subsequent left leg compartment syndrome with residual weakness, non-united tibia fracture status post conversion to intramedullary nailing, left ankle posttraumatic osteoarthritis, left knee pain and crepitus secondary to intramedullary nailing, bilateral shoulder rotator cuff syndrome secondary to

prolong use of crutches, walker, and cane, and sleep and psych issues. The treatment plan recommends a referral for possible surgical intervention secondary to extensor hallucis longus dysfunction, and a request for authorization for diclofenac/lidocaine cream in an effort to control the patient's symptoms and aid in restoring function in order to adequately perform activities of daily living.

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%) 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

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

Decision rationale: Regarding request for diclofenac 3%/lidocaine 5% cream 180 gm. Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug or drug class that is not recommended, is not recommended. Regarding the use of topical nonsteroidal anti-inflammatory, guidelines state that the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the 1st 2 weeks of treatment osteoarthritis, but either not afterwards, or with the diminishing effect over another two-week period. Regarding the use of topical lidocaine, guidelines state that it is recommended for localized peripheral pain after there is evidence of a trial of first-line therapy. Within the documentation available for review, there is no indication that the patient is unable to tolerate oral NSAIDs. Oral NSAIDs have significantly more guideline support compared with topical NSAIDs. Additionally, there is no indication that the topical NSAID is going to be used for a short duration. Additionally, there is no documentation of localized peripheral pain with evidence of failure of first-line therapy as recommended by guidelines prior to the initiation of topical lidocaine. In the absence of clarity regarding those issues, the diclofenac 3%/lidocaine 5% cream 180 gm is not medically necessary.