

Case Number:	CM14-0136871		
Date Assigned:	09/03/2014	Date of Injury:	05/04/2004
Decision Date:	10/02/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/25/2014

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, has a subspecialty in Interventional Spine 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 69-year-old female with a date of injury of 05/04/2004. The listed diagnoses per [REDACTED] are: 1. Chronic cervicalgia. 2. Chronic lumbar sprain with lumbar herniated disks and right lower extremity radiculopathy. 3. Right shoulder rotator cuff tendon tear. 4. Right knee meniscal tear, early posttraumatic arthritis. 5. Bilateral hip strain and sprain. According to progress report 07/30/2014, the patient complains of cervical spine, right shoulder, lumbar spine, bilateral hip, and right knee pain. Pain is rated as 4/10 on a pain scale before medication, and 2-3/10 with medication. Patient's medication regimen includes naproxen, Prilosec, Keratek gel, and Theraflex. Examination of the cervical spine revealed tenderness with limited range of motion. She has positive compression sign and Spurling's on the right. Examination of the lumbar spine revealed decreased range of motion and tenderness in the midline in both paraspinal musculatures. There is decreased strength and sensation noted. Examination of the right shoulder revealed decreased range of motion and tenderness over the AC joint. Treating physician is requesting authorization for diclofenac/lidocaine topical compound cream 180 mg. Utilization review denied the request on 08/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

DICLOFENAC/LIDOCAINE (3%/ 15%) 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
Medications for chronic pain ;Anti-inflammatory medications ; NSAIDs (non-steroidal anti-
inflamm.

Decision rationale: The MTUS Guidelines p 111 has the following regarding topical creams,
"topical analgesics are largely experimental and used with few randomized control trials to
determine efficacy or safety." Per MTUS, Lidocaine is only allowed in a patch form and not
allowed in cream, lotion or gel forms. This request is not medically necessary.