

Case Number:	CM14-0150305		
Date Assigned:	09/18/2014	Date of Injury:	11/22/2013
Decision Date:	10/23/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/15/2014

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 and Washington. 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 61-year-old female who reported injury on 11/22/2013. The mechanism of injury was not submitted for review. The injured worker has diagnoses of right shoulder full thickness rotator cuff tear, right shoulder superior labrum tear, left shoulder rotator cuff syndrome, bilateral carpal tunnel syndrome, undifferentiated connective tissue disease, fibromyalgia, and bilateral cubital tunnel syndrome. Past medical treatment consists of aquatic therapy, physical therapy, and medication therapy. Medications include Advil and Diclofenac/Lidocaine topical creams. The injured worker has undergone MRI of the right shoulder and EMG/NCS of the upper extremities. On 07/30/2014, the injured worker complained of right shoulder pain. It was noted in physical examination that the injured worker had pain rated 8/10. It was also noted that the injured worker had decreased range of motion over the right shoulder. There was tenderness over the acromioclavicular joint. There was decreased strength at 4/5 with flexion and extension. Neer's impingement and Hawkins impingement tests were positive. There was a painful arc over 135 degrees. The treatment plan is for the injured worker to use the topical compound medication Diclofenac/Lidocaine. The rationale was indicated in the submitted report as the provider feels that this will help with pain levels. The request for authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Medication: Diclofenac/Lidocaine 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.

Decision rationale: The request for the compounded analgesic of Diclofenac/Lidocaine is not medically necessary. The California MTUS Guidelines state that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compound product that contains at least 1 drug that is not recommended is not recommended. The guidelines note that topical NSAIDs (non-steroidal anti-inflammatory drugs) such as Diclofenac are recommended for osteoarthritis and tendinitis, in particular that of the knee, elbow or other joints that are amenable to topical treatment. It is recommended for shortterm use (4 to 12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The guidelines also state that Lidoderm patch is the only topical form of Lidocaine approved. The submitted documentation did not indicate that the injured worker had not responded to or was intolerant of other treatments. Additionally, the injured worker's diagnoses were not congruent with the guideline recommendations for topical NSAIDs. Furthermore, the request as submitted did not indicate the location to which the compound would be applied. There was also no frequency or duration submitted in the request. Given the above, the request is not within the California MTUS recommended guidelines. As such, the request is not medically necessary.