

Case Number:	CM14-0152165		
Date Assigned:	09/19/2014	Date of Injury:	06/03/2013
Decision Date:	10/20/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/13/2014

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; has a subspecialty in Nephrology 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 25-year-old male with a 6/3/13 date of injury. A specific mechanism of injury was not described. According to a progress report dated 9/16/14, the patient rated his lower back pain at 7/10, the pain has improved since the lumbar ESI on 6/24/14. He still had pain but had increased range of motion after the injection and decreased pain. Objective findings: decreased range of motion of lumbar spine, tenderness to the paraspinals, tenderness to the spinous process. Diagnostic impression: acute lumbar sprain/strain, left-sided lumbosacral radiculitis, multilevel disc disease at L3-L4 and L4-L5. Treatment to date: medication management, activity modification, ESI. A UR decision dated 8/21/14 denied the request for Diclofenac/Lidocaine (3%/15%) 180g. The patient reported no lower extremity pain since injection, and there is no indication that oral first-line therapy has failed for neuropathic pain.

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, Lidocaine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines 9792.24.2 Page(s):) 25, 28, 111-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Guidelines do not support the use of lidocaine in a topical cream/lotion formulation. A specific rationale identifying why this topical compounded medication would be required in this patient despite lack of guideline support was not provided. Therefore, the request for Diclofenac /Lidocaine (3% 15%) 180 g was not medically necessary.