

Case Number:	CM14-0153498		
Date Assigned:	09/23/2014	Date of Injury:	07/27/2005
Decision Date:	10/24/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/19/2014

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:

The injured worker is a 58-year-old female who sustained an injury on 7/27/05. On 8/25/14 the patient presented with pain in cervical spine, lumbar spine as well as left knee. She rated her cervical pain at 6/10 and it was of a frequent nature and radiated into her right upper extremity. She rated lumbar pain at 7/10 and it was of a frequent nature and radiated into her bilateral lower extremities. She rated her left knee pain at 5/10. On exam there was tenderness to palpation of the cervical spine with limited bilateral rotation to the right, tenderness to the lumbar spine over the paraspinal muscles bilaterally; there was limited range of motion due to pain. There was also tenderness to palpation of the left knee with crepitus noted with range of motion. X-ray of the cervical spine dated 03/21/12 revealed disc space narrowing at C5-6 and C6-7 with spurring anteriorly. X-ray of the lumbar spine revealed there was scattered hypertrophic spurring throughout. She was previously on Tylenol, Ambien and Motrin and is currently on Naprosyn, Pepcid and Lidoderm patches. Past treatments have included chiropractic therapy, physical therapy lumbar spine brace, and medications. Medications help her a lot with her pain. Her diagnoses includes multilevel disc bulges at the lumbar spine, multilevel degenerative disc disease at the lumbar spine, retrolisthesis at L4-5, and left knee sprain/strain; rule out internal derangement. The request for Diclofenac/Lidocaine Cream 3%/5% was denied on 9/9/14.

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%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Page(s): 111-112.

Decision rationale: According to the CA MTUS guidelines, topical analgesics are an option with specific indications, many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. Lidocaine is indicated in localized neuropathic pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). 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. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. Voltaren 1% gel is the only FDA approved NSAID for topical use. In this case, there is no evidence of neuropathic pain. Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Thus, the request is considered not medically necessary according to guidelines.