

Case Number:	CM14-0154340		
Date Assigned:	09/23/2014	Date of Injury:	03/08/2013
Decision Date:	10/28/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/22/2014

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 & Pain Medicine 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 40-year-old male who reported an injury on 03/08/2013. The mechanism of injury was not provided. Diagnoses included lumbosacral sprain, left lower extremity radicular pain, chronic cervical pain, bilateral wrist pain, and left knee sprain/strain. Past treatments included ice/heat application and medications. Pertinent diagnostic studies were not provided. Pertinent surgical history was not provided. The clinical note, dated 07/30/2014, indicated the injured worker complained of pain in the cervical and lumbar spine, bilateral wrist and hands, and left knee. He rated his neck pain 4/10, low back pain 9/10, bilateral hand and wrist pain 7/10, and left knee pain 2/10. Physical exam of the cervical spine revealed decreased range of motion, tenderness to palpation over the paraspinal and trapezius muscles, and decreased strength and sensation at the C6-7 levels. Physical exam of the lumbar spine revealed hypertonicity of the paraspinal muscles, positive bilateral straight leg raise, patellar and Achilles reflexes rated ++1, and sensation rated 4/5 at the L5-S1 nerve roots. Quadriceps and grip strength were also rated 4/5. Current medications included Vicodin and Robaxin. The treatment plan included diclofenac 3% lidocaine 5% cream 180 mg. The rationale for the treatment plan was to hopefully wean the injured worker from Vicodin and Robaxin. The Request For Authorization form was completed on 08/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac 3%, Lidocaine 5% cream 180mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Page(s): , pages 111-112..

Decision rationale: The request for diclofenac 3%, lidocaine 5% cream 180mg is not medically necessary. The California MTUS Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety, and are primarily recommended for neuropathic pain. 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical NSAIDs are recommended for short term use in patients with osteoarthritis and tendonitis. They are not recommended for neuropathic pain, as there is no evidence to support their use. Topical lidocaine in the formulation of a dermal patch Lidoderm has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain. The injured worker complained of pain in the cervical and lumbar spine, bilateral wrists, bilateral hands, and left knee. There is a lack of clinical documentation to support the diagnosis of osteoarthritis or tendonitis. Additionally, the requested medication contains lidocaine in a form other than the approved Lidoderm. The request also does not indicate the frequency or specific location for using the cream. Therefore, the request for diclofenac 3%, lidocaine 5% cream 180mg is not medically necessary.