

Case Number:	CM14-0154780		
Date Assigned:	09/24/2014	Date of Injury:	06/19/2012
Decision Date:	11/28/2014	UR Denial Date:	09/12/2014
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, has a subspecialty in 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:

This is a patient with a date of injury of May 19, 2012. A utilization review determination dated September 12, 2014 recommends non-certification for a topical compound with Lidocaine and Diclofenac. A progress report dated January 9, 2014 identifies subjective complaints including pain that affects the patient's cervical spine, right shoulder, and right elbow. The patient has been using Ibuprofen 1 to 2 tablets per day. Her pain has improved from 9/10 to 5/10 after taking medication. Physical examination findings reveal right elbow range of motion 140-0, positive cubital tunnel sign, and 4/5 strength. Diagnoses include compensatory cervical strain/sprain, compensatory right shoulder sprain/strain, right elbow medial epicondylitis, unconfirmed carpal tunnel syndrome, unconfirmed cubital tunnel syndrome, insomnia, and gastroesophageal reflux disease improved with Prilosec. The treatment plan recommends continuing medications and perform a urine drug screen. Motrin is prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac/Lidoderm cream 3%/5% 180g: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; regarding Topical NSAIDs;

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113 of 127.

Decision rationale: Regarding the request for Diclofenac/Lidoderm cream 3%/5% 180g, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Topical NSAIDs are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Topical lidocaine is "Recommended for localized peripheral 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)." Additionally, it is supported only as a dermal patch. Within the documentation available for review, none of the abovementioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. Additionally, guidelines do not support the use of topical lidocaine in anything except a patch form. In light of the above issues, the currently requested Diclofenac/Lidoderm cream 3%/5% 180g is not medically necessary.