

Case Number:	CM14-0156385		
Date Assigned:	09/25/2014	Date of Injury:	12/14/2010
Decision Date:	10/30/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	09/24/2014

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 Louisiana. 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 patient is a 41 year old with an injury date on 12/14/10. The patient complains of frequent, unchanged cervical pain rated 3/10, constant right shoulder pain rated 3-4/10, and occasional right elbow pain rated 2/10 per 8/6/14 report. Patient states pain also radiates to the lateral right arm per 8/6/14 report. Based on the 8/6/14 progress report provided by [REDACTED] the diagnoses are: 1. right shoulder rotator cuff tear, s/p repair 2. Adhesive capsulitis of right shoulder 3. Left shoulder rotator cuff syndrome 4. Right upper extremity numbness and radicular pain 5. Chronic cervical strain An exam on 8/4/14 showed "C-spine has limited range of motion. Right shoulder has limited range of motion with extension at 40 degrees." Patient's treatment history includes physical therapy. [REDACTED] is requesting diclofenac/lidocaine cream (3%/5%) 180g for bilateral shoulders and cervical spine. The utilization review determination being challenged is dated 9/18/14. [REDACTED] is the requesting provider, and he provided treatment reports from 2/20/14 to 8/6/14.

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%) 180g for bilateral shoulders and cervical spine:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-1113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL MEDICINE; SALICYLATE TOPICALS Page(s): 111-113; 105.

Decision rationale: This patient presents with neck pain, right shoulder pain, and right elbow pain. The physician has asked for diclofenac/lidocaine cream (3%/5%) 180g for bilateral shoulders and cervical spine on 8/6/14. Regarding topical analgesics, MTUS state they are largely experimental in use with few randomized controlled trials to determine efficacy or safety, and recommends for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. MTUS specifically states, other than the dermal patch, other formulations of lidocaine whether creams, lotions or gels are not approved for neuropathic pain. Thus, a compounded topical cream that contains Lidocaine would not be recommended by MTUS criteria. Therefore the request is considered not medically necessary.