

Case Number:	CM14-0158568		
Date Assigned:	10/02/2014	Date of Injury:	10/02/2013
Decision Date:	12/22/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/26/2014

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 & 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:

This patient sustained an injury on 10/2/13 while employed by [REDACTED]. Request(s) under consideration include Topical compound Diclofenac/Lidocaine Cream (3%/ 5%) 180 G. Conservative care has included medications, therapy, chiropractic treatment, epidural blocks and modified activities/rest. Report of 7/17/14 from the provider noted the patient with chronic ongoing cervical spine and left shoulder pain rated at 8/10 that is constant in nature and radiates into bilateral shoulders. Medications list Norco and Flexeril improving pain from 8/10 down to 3/10. Exam of the cervical spine showed reduced range of motion with limited flex/ext from pain; spasm in the left trapezius and levator muscles; tenderness over left parascapular muscles. Treatment plan included refills of opiate and muscle relaxant along with topical compound and chiropractic care. The request(s) for Topical compound Diclofenac/Lidocaine Cream (3%/ 5%) 180 G was non-certified on 8/29/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac/Lidocaine Cream (3 Percent/5 Percent) 180 G: Upheld

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

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

Decision rationale: This patient sustained an injury on 10/2/13 while employed by [REDACTED]. Request(s) under consideration include Topical compound Diclofenac/Lidocaine Cream (3%/ 5%) 180 G. Conservative care has included medications, therapy, chiropractic treatment, epidural blocks and modified activities/rest. Report of 7/17/14 from the provider noted the patient with chronic ongoing cervical spine and left shoulder pain rated at 8/10 that is constant in nature and radiates into bilateral shoulders. Medications list Norco and Flexeril improving pain from 8/10 down to 3/10. Exam of the cervical spine showed reduced range of motion with limited flex/ext from pain; spasm in the left trapezius and levator muscles; tenderness over left parascapular muscles. Treatment plan included refills of opiate and muscle relaxant along with topical compound and chiropractic care. The request(s) for Topical compound Diclofenac/Lidocaine Cream (3%/ 5%) 180 G was non-certified on 8/29/14. Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with spinal and joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this chronic injury of 2013 without documented functional improvement from treatment already rendered. The Topical compound Diclofenac/Lidocaine Cream (3%/ 5%) 180 G is not medically necessary and appropriate.