

Case Number:	CM14-0159211		
Date Assigned:	10/29/2014	Date of Injury:	06/11/2013
Decision Date:	12/05/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	09/29/2014

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 39 year old male who had a work injury dated 6/11/13. The diagnoses include left knee strain or left knee patellar tendon partial tear. Under consideration are requests for Diclofenac/Lidocaine (3 Percent/ 5 Percent) 180 Gram for the left knee. There is an 8/6/14 progress note that states that the patient returns today for follow-up with persistent pain in the left knee. He rates his pain at 8/10 on a scale of 1 to 10, and it is frequent. The pain in the left knee has remained the same since his last visit. The pain is made better with therapy and rest. The patient does not take any medications. The pain is made worse with activities. The patient is working. Examination of the left knee revealed decreased range of motion of flexion of 130 degrees and extension of 0 degrees. There was decreased quadriceps strength 4/5. There was tenderness over the medial and lateral aspects as well as in the subpatellar region. There was positive valgus and varus stress test as well. The treatment plan included a left knee MRI; PT; and Diclofenac/lidocaine (3 Percent/ 5 Percent) 180 Gram for the left Knee as the patient takes no oral medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac/Lidocaine (3 Percent/ 5 Percent) 180 Gram for The Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 143.

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that 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. The guidelines state that topical NSAIDs can be used for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment for short-term use (4-12 weeks). The guidelines additionally add that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines do not support topical Lidocaine cream. The documentation does not indicate any extenuating reasons to go against guideline recommendations therefore the request for Diclofenac/Lidocaine (3 Percent/ 5 Percent) 180 Gram for the left knee is not medically necessary.