

Case Number:	CM14-0159896		
Date Assigned:	10/03/2014	Date of Injury:	06/09/2014
Decision Date:	12/31/2014	UR Denial Date:	09/09/2014
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 Occupational 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 was diagnosed with right Achilles tendonitis and left ankle strain following an industrial injury cumulative trauma 6/15/88-6/9/14. On 6/30/14 orthopedic evaluation he reported left foot pain radiating to the toes, rated at 6-7/10. There is also frequent 3/10 pain on the right foot. The patient reports that he underwent MRI of both feet in March of 2014 and was found to have subcutaneous mass in the left foot and tendonitis. On physical exam he walks with a limp and there is palpable pain over plantar aspect with decreased left ankle range of motion. Diagnoses include right Achilles tendinitis and left plantar fasciitis. Plan is to continue on naprosyn and kera-tek gel and refer to a foot surgeon. According to evaluation by orthopedic surgeon on 8/21/14, he reports 6/10 pain at the left ankle with stiffness. He is taking naproxen which helps decrease his pain level from 7/10 to 4/10. Physical exam demonstrates decreased range of motion bilateral ankles, painful end range of motion for both plantar flexion and dorsiflexion. Plan is to continue with ibuprofen 800mg twice daily and diclofenac/lidocaine topical cream. The treating provider states that lidocaine is appropriate for neuropathic pain and diclofenac is approved for osteoarthritis joint pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac/Lidocaine 3%/5% 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Worker's Compensation (ODG-TWC), Diclofenac, Topical

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 112.

Decision rationale: According to CA MTUS guidelines topical analgesics such as Lidocaine 5% compound with diclofenac 3% is largely experimental with few randomized controlled trials to determine efficacy or safety and is not recommended as a first line agent in chronic joint pain. Topical analgesics are indicated once first line agent for radicular pain such as Lyrica or Neurontin is shown to be ineffective. There is no note in the provided clinic record that the injured worker is unable to take a first line oral agent for her neuropathic pain. Consequently continued use of Lidocaine 5% compound with Diclofenac 3% is not medically necessary.