

Case Number:	CM14-0159950		
Date Assigned:	10/03/2014	Date of Injury:	11/30/2013
Decision Date:	10/31/2014	UR Denial Date:	09/02/2014
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 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 is a 22-year-old male who reported an injury on 11/30/2013. The mechanism of injury was a crush injury. The injured worker's diagnoses included crush injury to the right hand, crush injury to the pelvis, lumbar spine fractures, chronic lumbar spine pain, right carpal tunnel syndrome status post release, continued right hand numbness, stomach and gastrointestinal symptoms, and antalgic gait secondary to crush injury of the pelvis and fractures of the lumbar spine. The injured worker's past treatments included medications and physical therapy. On the clinical note dated 08/19/2014, the injured worker complained of lumbar spine, bilateral wrists, right hand, and bilateral hip pain. The injured worker rated his low back pain at 6/10, right wrist pain 6/10, left wrist pain 3/10, right hand pain 6/10, and bilateral hip pain 6/10. The injured worker had decreased range of motion to the lumbar spine with tenderness to the paraspinals bilaterally. The injured worker had decreased range of motion to the right hip with tenderness of the left sacroiliac joint. The injured worker had decreased range of motion to the right wrist. The injured worker's medications were not provided. The request was for diclofenac/lidocaine cream 3%/5% 180 grams. The rationale for the request was not provided. The Request for Authorization form was submitted on 08/21/2014.

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: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics ; Non-steroidal anti-inflammatory agents (NSAID).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The request for Diclofenac/Lidocaine Cream 3%/5% 180 grams is not medically necessary. The California MTUS Guidelines primarily recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages to include lack of systemic side effects, absence of drug interactions, and no need to titrate. The guidelines state any "compounded product that contains at least 1 drug that is not recommended is not recommended." The medical records lack documentation of the efficacy of the medication, the time frame of efficacy, the efficacy of functional status that the medication provides, as well as the pain rating pre and post medication. The medical records indicate the injured worker is not taking medications due to gastrointestinal issues. The medical records lack documentation of tried and failed antidepressants, anticonvulsants, gabapentin, or Lyrica. There is a lack of documentation that indicates the injured worker has decreased functional deficits. Additionally, the request does not indicate the frequency or the application site for the medication. As such, the request for Diclofenac/ Lidocaine Cream 3%/5% 180 grams is not medically necessary.