

Case Number:	CM14-0160117		
Date Assigned:	10/03/2014	Date of Injury:	04/17/2014
Decision Date:	12/26/2014	UR Denial Date:	09/17/2014
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 Internal Medicine and is licensed to practice in New York. 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 claimant is a 58 year old male who sustained an industrial injury on 04/17/2014. The mechanism of injury was not submitted with the review. His diagnoses include acute cervical strain, acute lumbar strain, left rotator cuff syndrome and bilateral knee osteoarthritis. He continues to complain of neck and low back pain. On physical exam there is decreased range of motion of the cervical spine with tenderness to the paraspinal and trapezius muscles. There is decreased range of motion with positive supraspinatus, Neer, and Hawkins' impingement tests. There is decreased range of motion of the lumbar spine with tenderness in the paraspinal, left greater than right and decreased strength and sensation at 4/5 on the left L4, L5, and S1. Straight leg raise and Kemp's test are positive on the left. The right knee has decreased range of motion with positive varus stress test and McMurray's, and patellofemoral grind. There is decreased strength at 4/5 with flexion and extension of the right knee. The left knee demonstrates positive valgus, varus, and patellofemoral grind and decreased strength at 4/5 with flexion and extension. Treatment has included medical therapy and physical therapy. The treating provider has requested Diclofenac/Lidocaine (3%/5%) 180g.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac/Lidocaine (3%/5%) 180g: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines

(ODG), Treatment in Workers Compensation (TWC), Pain Procedure Summary, Last updated 09/10/2014

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

Decision rationale: Per California MTUS Guidelines, topical non-steroidal anti-inflammatory medications are used for the treatment of osteoarthritis particularly the knee. There is little evidence that supports them as a treatment option for neck and low back conditions. The duration of effect is for a period of 4 to 12 weeks with reported diminished effectiveness over time. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical non-steroidal anti-inflammatory medications are not recommended as a first-line treatment, but recommended as an option for patients at risk of adverse effects from oral NSAIDs. There is no documentation indicating the claimant cannot tolerate oral non-steroidal anti-inflammatory agents. Medical necessity for the requested item has not been established. The request is not medically necessary.