

Case Number:	CM14-0162771		
Date Assigned:	10/07/2014	Date of Injury:	11/26/2012
Decision Date:	10/30/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	10/03/2014

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:

This patient sustained an injury on 11/26/12 while employed by [REDACTED]. Request(s) under consideration include Diclofenac/Lidocaine cream (3%/5%) 180g. Diagnoses include Lumbar sprain/strain; right wrist sprain/strain; right knee sprain; Cervicothoracic sprain/strain; dizziness secondary to headaches; headaches secondary to concussion syndrome; anxiety and depression. Report of 4/18/14 from the provider noted the patient with continued neck pain, headaches, and trouble sleeping. Exam showed decreased cervical, lumbar and wrist/hand range; positive Phalen's and Tinel's on right; diffuse decreased sensation at medial right. Treatment remained on work restriction of 5 pounds limitation; unclear if patient working. Peer review of 5/16/14 had non-certified topical compound request. Report of 7/30/14 showed continued right hand with pain, numbness and tingling with exam of tenderness on movement. Surgery was planned along with medications. The request(s) for Diclofenac/Lidocaine cream (3%/5%) 180g was non-certified on 9/11/14 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%/5%) 180g: 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: 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, especially in light of noted GI issues related to Motrin intake. The patient is without contraindication in taking oral medications. There are no evidenced-based studies to indicate efficacy of topical Flurbiprofen over oral delivery. Submitted reports have not demonstrated any functional improvement, specific pain relief on VAS rating, and change in work status or increase in activities of daily living functions from treatment already rendered to treat this chronic injury. Submitted reports have not adequately documented the indication or medical need for this topical compounded analgesic outside guidelines recommendations. The Diclofenac/Lidocaine cream (3%/5%) 180g is not medically necessary and appropriate.