

Case Number:	CM14-0163101		
Date Assigned:	10/08/2014	Date of Injury:	04/15/2013
Decision Date:	10/30/2014	UR Denial Date:	09/05/2014
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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 72 year old male who was injured on 4/15/2013 after tripping and falling. He was diagnosed with contusions on his hands and knees, post-traumatic right knee arthrosis, left knee sprain/strain secondary to compensatory factors, thoracic strain, chronic cervical strain, and cervical disc herniation. He was treated with topical analgesics, NSAIDs, knee injections, and physical therapy. On 8/11/14, the worker was seen by his primary treating physician for a follow-up complaining of continual neck and bilateral knee pain. His neck pain was rated at 8-9/10 on the pain scale, his right knee rated at 8/10, and his left knee rated at 4-5/10, all of which were the same pain level as the prior office visit. Physical examination findings included tenderness of the cervical spinal area, tenderness of the lumbar spinal area, tenderness of both knees, crepitus of the right knee, normal strength, and normal sensation. He was then recommended to continue his medications, see a pain specialist, and use a TENS unit.

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%): 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: The MTUS Chronic Pain Guidelines state that "topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently." Topical NSAIDs, specifically, have some data to suggest it is helpful for osteoarthritis and tendinitis for at least short periods of time, but there are no long-term studies to help us know if they are appropriate for treating chronic musculoskeletal pain. Topical NSAIDs have not been evaluated for the treatment of the spine, hip, or shoulder. Although some topical analgesics may be appropriate for trial as a secondary agent for neuropathic pain after trials of oral therapies have been exhausted, topical NSAIDs are not recommended for neuropathic pain. The only FDA-approved topical NSAID currently is Voltaren gel (diclofenac). Ketoprofen is not currently one of the topical NSAIDs available that is FDA approved, and it has a high incidence of photocontact dermatitis. All topical NSAID preparations can lead to blood concentrations and systemic effect comparable to those from oral forms and caution should be used for patients at risk, including those with renal failure and hypertension. The MTUS Guidelines for Chronic Pain also state that topical lidocaine is not a first-line therapy for chronic pain, but may be recommended for localized peripheral neuropathic pain after there has been evidence of a trial of first-line therapy (including tri-cyclic, SNRI anti-depressants, or an AED such as gabapentin or Lyrica). Topical lidocaine is not recommended for non-neuropathic pain as studies showed no superiority over placebo. In the case of this worker, there was no evidence of any neuropathic pain that might have justified using lidocaine topically. Also, there is no evidence found in the documents provided for review that the worker had tried and failed oral medical therapies to treat his chronic pain. For these reasons, the compounded and combined topical medication, Diclofenac/Lidocaine Cream (3%/5%) is not medically necessary.