

Case Number:	CM14-0163170		
Date Assigned:	10/08/2014	Date of Injury:	03/06/2013
Decision Date:	10/31/2014	UR Denial Date:	09/02/2014
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 63 year-old patient sustained an injury on 3/6/13 from a trip and fall while employed by [REDACTED]. Request(s) under consideration include Diclofenac/Lidocaine (3%/5%) 180 g. Diagnoses include Left shoulder rotator cuff syndrome; left knee medial and lateral meniscal tears with slightly impaired gait. Conservative care has included medications, therapy (18 sessions), and modified activities/rest. Report of 8/11/14 from the provider noted the patient with persistent left shoulder and left knee pain rated at 5/10 unchanged with with medications of Tramadol down to 1-2/10. Exam showed tenderness over AC joint, subacromial joint; painful decreased range; diffuses 4+/5 weakness; Left knee with positive McMurray's, Valgus/ Varus stress tests with range of 130/0 degrees flex/extesion. Treatment plan included refills of oral Tramadol and topical compound. The request(s) for Diclofenac/Lidocaine (3%/5%) 180 g was non-certified on 9/2/14 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 (3%/5%) 180 g: 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 California Medical Treatment Utilization Schedule (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 non-steroidal anti-inflammatory drugs (NSAIDs) or other pain relievers for a patient with spinal and multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this chronic injury of March 2013 without documented functional improvement from treatment already rendered. The Diclofenac/Lidocaine (3%/5%) 180 g is not medically necessary and appropriate.