

Case Number:	CM14-0166803		
Date Assigned:	10/14/2014	Date of Injury:	08/09/2013
Decision Date:	11/19/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	10/09/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 patient is a 61 year old male who was injured on 8/9/2013. The diagnoses are neck, mid back, bilateral shoulders and low back pain. There are associated diagnoses of sexual dysfunction, insomnia, anxiety and depression. On 8/11/2014, [REDACTED] noted objective findings of decreased range of motion of the affected joints, positive Spurling's sign and decreased sensation along right L4 and L5 dermatomes. The patient discontinued Tramadol because the pains core remained at 7/10 on a scale of 0 to 10 with or without medication. [REDACTED] noted that PT was discontinued because the patient complained that the pain was worsened by PT The MRI of the cervical spine was reported as normal. The MRI of the lumbar spine showed multilevel degenerative facet changes and L3 on L4 spondylolisthesis. The patient was noted to have complained of gastrointestinal upset with Naproxen. A Utilization Review determination was rendered on 9/11/2014 recommending non certification for diclofenac 3% / lidocaine 5% 180gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac 3%/ Lidocaine 5% 180 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical analgesic preparations can be utilized for the treatment of small to medium joints skeletal and neuropathic pain when treatment with oral NSAIDs, antidepressants and anticonvulsants cannot be tolerated or have failed. The records indicate that the patient complained of gastrointestinal symptoms with the use of oral naproxen. There is no indication that prophylactic treatment with proton pump inhibitors or H2 antagonist was utilized per guideline recommendation. The patient was not tried on Celebrex. The diagnoses of pain in multiple body parts including the neck, shoulders, back and lower extremities in this patient is best treated with orally administered medication. Topical preparations are only recommended for localized pain to limit systemic absorption. The criteria for the use of Diclofenac 3% / Lidocaine 5% 180 gm was not met. Therefore, the request is not medically necessary.