

Case Number:	CM14-0167075		
Date Assigned:	10/14/2014	Date of Injury:	11/06/2010
Decision Date:	11/19/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/10/2014

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 Occupational Medicine 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:

Patient is a 52 year-old male with date of injury 11/06/2010. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 08/05/2014, lists subjective complaints as pain in the left shoulder, left hand and thumb. Objective findings: Examination of the left shoulder revealed decreased range of motion with flexion at 90 degrees, abduction at 80 degrees, extension and adduction at 30 degrees, internal rotation at 40 degrees, and external rotation at 50 degrees. Examination of the left wrist revealed decreased range of motion. Patient was unable to make a fist. Grip strength was 2/5 and there was tenderness and hypersensitivity to touch and decreased sensation at the median and ulnar aspects 4/5. Diagnosis: 1. Left hand crush injury 2. Left hand reflex sympathetic dystrophy 3. Chronic cervical strain 4. Chronic lumbar strain. The medical records supplied for review document that the patient has been taking Norco for at least as far back as six months. Diclofenac/Lidocaine cream was first prescribed on 08/05/2014. Medications: 1. Diclofenac/Lidocaine 180gm². Norco 10/325mg, #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac/Lidocaine 180gm: 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 Page(s): 111.

Decision rationale: According to the MTUS, there is little to no research to support the use of many of these compounded topical analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Diclofenac is not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did rofecoxib (Vioxx), which was taken off the market. According to the authors, this is a significant issue and doctors should avoid diclofenac because it increases the risk by about 40%. Diclofenac/Lidocaine 180gm is not medically necessary.

Norco 10/325mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of narcotics, the patient has reported very little functional improvement over the course of 6 months. Norco 10/325mg, #120 is not medically necessary.