

Case Number:	CM14-0167909		
Date Assigned:	10/15/2014	Date of Injury:	11/23/2013
Decision Date:	12/26/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/13/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, elbow, and low back pain reportedly associated with an industrial injury of November 23, 2013. In a Utilization Review Report dated September 19, 2014, the claims administrator approved a 30-day TENS unit trial and denied a diclofenac-lidocaine containing cream. The applicant's attorney subsequently appealed. A June 5, 2014 progress note was notable for comments that the applicant reported multifocal complaints of elbow, neck, and low back pain, 2-5/10, exacerbated by repetitive movements. Motrin, manipulative therapy, Flexeril, and Keratek analgesic gel were endorsed while the applicant was kept off of work, on total temporary disability. In a progress note dated July 29, 2014, the applicant was again placed off of work, on total temporary disability. A 30-day trial of a TENS unit was endorsed, along with the diclofenac-lidocaine cream at issue.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac/Lidocaine (3%/5%) cream, 180 grams.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledged that topical lidocaine, one of the ingredients in the compound at issue, is recommended in the treatment of neuropathic pain/localized peripheral pain in applicants in whom there has been a trial of first-line therapy with antidepressants and anticonvulsants, in this case, however, there was/is no evidence of oral antidepressant medication and/or oral anticonvulsant adjuvant medication failure prior to introduction of the diclofenac/lidocaine containing compound at issue. Since one ingredient in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the applicant's ongoing usage of multiple first-line oral pharmaceuticals, including Motrin and Flexeril, effectively obviated the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems the "largely experimental" topical compound at issue. Therefore, the request was not medically necessary.