

Case Number:	CM14-0175378		
Date Assigned:	10/28/2014	Date of Injury:	02/05/2013
Decision Date:	12/05/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/23/2014

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 Orthopedic Surgery, 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 is a 56-year-old male with a 2/5/13 date of injury. The mechanism of injury occurred when he was walking down some steps and his knee gave out. According to a progress report dated 9/11/14, the patient rated his persistent right knee pain as a 6/10. The pain is made better with medication and worse with activities. Objective findings: decreased range of motion of right knee, palpation of the medial joint line and lateral joint line demonstrated tenderness. Diagnostic impression: right knee meniscal tear, status post right knee arthroscopy, partial meniscectomy. Treatment to date: medication management, activity modification, physical therapy. A UR decision dated 9/23/14 denied the request for Diclofenac 3%/Lidocaine cream 5%. The compounded substance is composed of drugs that have, in many instances, no FDA approval for a topical form, have no identified clinical application in topical form, or both.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac 3%/Lidocaine Cream 5% 180g: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Compounded.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Boswellia Serrata Resin, Capsaicin, Topical Analgesics Page(s): 25, 28 111-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, Lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. However, in the present case, guidelines do not support the use of Lidocaine in a topical cream or lotion formulation. A specific rationale identifying why this topical compounded medication would be required in this patient despite lack of guideline support was not provided. Therefore, the request for Diclofenac 3%/Lidocaine Cream 5% 180g is not medically necessary.