

Case Number:	CM14-0178129		
Date Assigned:	10/31/2014	Date of Injury:	04/15/2011
Decision Date:	12/10/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/27/2014

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 Management and is licensed to practice in Tennessee. 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 48-year-old female with a 4/15/11 date of injury. According to a progress report dated 9/18/14, the patient rated her cervical spine, left shoulder, hands, hips, ankles, and foot pain at an 8/10. She noted improvement with rest and hot water massage. Objective findings: slight loss of range of motion of cervical and lumbar spine with some palpable tenderness. Diagnostic impression: lumbar spine disc protrusion, lumbar spine sprain/strain, lumbar facet dysfunction at L5-S1, status post right knee arthroscopy with synovectomy and debridement. Treatment to date: medication management, activity modification, surgery, steroid injections, physical therapy. A UR decision dated 10/6/14 denied the request for diclofenac/lidocaine cream. It is not clear that the patient is intolerant of oral medications. The compounded substance is composed of drugs that have no FDA approval for a topical form.

IMR ISSUES, DECISIONS AND RATIONALES

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

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

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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, guidelines do not support the use of lidocaine in a topical cream/lotion formulation. In addition, diclofenac is only FDA approved in a 1% topical gel 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/Lidocaine cream (3%/5%) 180 is not medically necessary.