MAXIMUS Federal Services

Case Number:	CM14-0180492		
Date Assigned:	11/05/2014	Date of Injury:	03/14/2012
Decision Date:	12/10/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/30/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 31-year old female who had a work injury dated 3/14/12. The diagnoses include chronic cervical and lumbar strain, and bilateral rotator cuff syndrome. Under consideration are requests for Diclofenac 3%/Lidocaine 5%/, 180gm. There is a progress report dated 9/5/14, that states that the patient had persistent pain in the neck at a 9/10 on a pain scale, which was frequent; bilateral shoulder pain rated 8/10, also frequent; and bilateral wrist and hand pain rated 8/10, also frequent. The patient did complain of numbness into the left side of her face. Rest and medication including Tylenol #3 help the pain. The patient was not currently working. On physical exam she was in no acute distress. The cervical spine had slightly decreased range of motion. There was tenderness noted on palpation over the paraspinals and trapezius muscles, left greater than the right. The shoulder depression test was positive. Spurling's test was positive on the left. There was normal strength and sensation 5/5 on the right at C5, C6, C7 and C8 and normal strength and sensation 5/5 on the left at C5 and C6, but decreased sensation and strength 4/5 on the left at C7 and C8. Deep tendon reflexes were 2+ bilaterally in the brachioradialis and triceps. The right shoulder had slightly decreased range of motion. The left shoulder had significantly decreased range of motion with flexion 100 degrees and abduction 90 degrees. The strength was decreased at 4/5 on the left with flexion and abduction. There was tenderness over the acromioclavicular joints bilaterally. Neer's impingement was positive on the left. Hawkins impingement was also positive on the left. The bilateral wrists had decreased range of motion. There was positive Phalen's and Tinel's on the left. There was decreased sensation 4/5 at the medial and ulnar aspects on the left. There was also weak grip strength 4/5 on the left.A 9/15/14 document states that a urine toxicology screen that tested for Tramadol and said that it was not detected. It is the medication that she was prescribed back in July; however, she was only taking

that on a as needed. Basis as it was not controlling her pain very well and now she is on Tylenol #3 that can controls her pain better. She is at low risk for dependency or the narcotic and follows the rules of the opiate contract; however, the provider requests authorization for Diclofenac/Lidocaine cream in an attempt to transition her from the Tylenol #3. There is a 9/30/14 document that states that the patient is pregnant and therefore Diclofenac/Lidocaine cream will be discontinued.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac 3%/Lidocane 5%/, 180gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

Decision rationale: Diclofenac 3%/Lidocaine 5%/, 180gm is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines states that topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain but no other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The guidelines states that topical NSAIDS are indicated in osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. They are recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The documentation indicates that the patient suffers from shoulder pain and spine pain. It is unclear to what body part she is applying this cream as it is not recommended for the spine or shoulder. Additionally, the documentation indicates the provider wishes to stop this cream due to the patient being pregnant. There is no evidence of intolerance to oral medications. The guidelines additionally add that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request for Diclofenac 3%/Lidocaine 5%/, 180gm is not medically necessary.