

Case Number:	CM14-0183325		
Date Assigned:	11/10/2014	Date of Injury:	06/27/2013
Decision Date:	12/18/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	11/04/2014

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 claimant is a represented [REDACTED] employee who has filed a claim for chronic low back, shoulder, and neck pain reportedly associated with an industrial injury of June 27, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; left shoulder surgery of February 28, 2014; at least 36 sessions of postoperative physical therapy, per the claim administrator; and extensive periods of time off of work. In a Utilization Review Report dated September 29, 2014, the claims administrator denied a topical compounded diclofenac-lidocaine compound. The applicant's attorney subsequently appealed. In a September 29, 2014 Medical-legal Evaluation, the applicant reported ongoing complaints of neck, shoulder, and elbow pain. The applicant was off of work, it was acknowledged, and had not worked since July 31, 2013. The medical-legal evaluator suggested that the applicant undergo further physical therapy. In a progress note dated September 15, 2014, the applicant reported ongoing complaints of neck, shoulder, and low back pain. The applicant was using Percocet for pain relief. Topical compounded diclofenac-lidocaine cream was therefore endorsed on this occasion. In an October 1, 2014 progress note, the applicant reported multifocal complaints of neck, low back, and shoulder pain. The applicant was not currently working, it was acknowledged. Oral tramadol and a Keratek gel were dispensed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound: Diclofenac/Lidocaine cream (3%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.

Decision rationale: As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics, as a class, are deemed "largely experimental." Here, the applicant's ongoing usage of multiple first-line oral pharmaceuticals, including Percocet, tramadol, etc., effectively obviated the need for the largely experimental topical compounded diclofenac-lidocaine cream at issue. Therefore, the request is not medically necessary.