

Case Number:	CM14-0169206		
Date Assigned:	10/17/2014	Date of Injury:	02/16/2014
Decision Date:	01/05/2015	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/14/2014

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 Medicine and is licensed to practice in Texas and Florida. 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 45 year old male who was injured on 2/16/2014. The diagnoses are bilateral knees pain, right ankle sprain, Achilles tendinosis and right foot pain. The patient completed Physical Therapy treatments. The 4/18/2014 MRI of the right ankle showed soft tissue ganglion, Achilles tendinosis, joint effusion and bursitis. On 8/14/2014, there was subjective complaint of burning pain that was increased by walking and standing. There were objective findings of decreased range of motion and positive Tinel and drawer tests. On 9/24/2014, the doctor noted bilateral hip, right hip and right ankle pain. The Ultram was effective in decreasing the pain level. The medications are Ultram and topical compound Diclofenac / Lidocaine for pain. A Utilization Review determination was rendered on 9/29/2014 recommending non certification for compound Diclofenac/Lidocaine Cream 35/5% 180g.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compounded Diclofenac/Lidocaine cream (35/5%) 180g: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical analgesic products can be utilized for the treatment of localized neuropathic pain that did not respond to standard treatment with NSAIDs, antidepressant and anticonvulsant medications. It is recommended that topical medications be tried and evaluated individually for efficacy. The record did not show subjective and objective findings consistent with neuropathic pain syndrome. There is no documentation that the patient failed treatment with first line medications. The patient did not fail oral NSAID medications. The criteria for the use of topical Diclofenac / Lidocaine Cream (35/5%) 180g were not met. Therefore, the request for Diclofenac / Lidocaine Cream is not medically necessary.