

Case Number:	CM14-0172200		
Date Assigned:	10/23/2014	Date of Injury:	03/17/2010
Decision Date:	01/05/2015	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/17/2014

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 Interventional Spine 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 patient is a 60 year old female with an injury date of 03/17/10. Based on the 05/12/14 progress report, the patient complains of cervical spine pain which she rates as a 5/10 and lumbar spine pain which she rates as an 8/10. The 08/18/14 report states that the patient has pain in her cervical spine and lumbar spine, rating them both as an 8/10. Her lumbar spine pain radiates down into both lower extremities. Her cervical spine pain radiates into the bilateral upper extremities and there was tenderness to palpation bilaterally over the cervical spine paraspinals muscles. Both the cervical spine and lumbar spine have a limited range of motion. In regards to the lumbar spine, there was tenderness to palpation and bilateral sitting straight leg raise was positive. The patient ambulates with a gait. The 09/22/14 report indicates that the patient rates her pain as a 7/10. The patient is currently not working. No further positive exam findings were provided. The 10/07/11 MRI of the lumbar spine revealed the following: Disc bulge of approximately 4.0 mm L4-L5 with associated facet hypertrophy and ligamentum flavum hypertrophy, Disc bulge of approximately 3.0 mm L5-S1 with some associated facet hypertrophy. The patient's diagnoses include the following: Bilateral knee tricompartmental arthritis, Chronic lumbar strain, Chronic left ankle sprain, Flare-up of lumbar spine symptoms. The utilization review determination being challenged is dated 10/14/14. Treatment reports were provided from 12/19/13- 09/22/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac/Lidocaine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS has the following regarding topical creams Chronic pain section Page(s): 111.

Decision rationale: According to the 08/18/14 report, the patient presents with pain in her cervical spine and lumbar spine. The request is for DICLOFENAC/LIDOCAINE (3%/5%) 180 g to alleviate the lower back pain. It appears as though the patient began using this topical on 09/22/14. The MTUS has the following regarding topical creams (page 111, chronic pain section): "Lidocaine Indication: Neuropathic pain. Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." "Topical Analgesics: Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period." With regards to NSAID portion of cream, review of reports do not show documentation that patient presents with osteoarthritis, as indicated by guidelines. Furthermore, the requested topical ointment contains Lidocaine in lotion form, which is not indicated by MTUS guidelines. MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. Recommendation is for denial.