

Case Number:	CM14-0183091		
Date Assigned:	11/07/2014	Date of Injury:	11/04/2013
Decision Date:	01/08/2015	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/03/2014

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 54-year-old male with an 11/4/13 date of injury. The injury occurred when he dropped a 200 pound roll of carpet and snapped his shoulder. According to a progress report dated 9/29/14, the patient rated his pain in his left shoulder at a 7.5/10 and right knee at an 8.5/10. The pain in the left shoulder has improved and the pain in the right knee has worsened since his last visit. He continued to have radiation of pain into the right ankle. Objective findings: tenderness to palpation of left shoulder, limited range of motion of left shoulder, tenderness to palpation over the medial joint line of right knee, full right knee extension and full flexion. Diagnostic impression: left shoulder rotator cuff tear repair, left shoulder adhesive capsulitis, right knee medial meniscus tear. Treatment to date: medication management, activity modification, surgery, physical therapy. A UR decision dated 10/15/14 denied the request for Diclofenac 3%/Lidocaine 5% 180g. There was no documentation of intolerance to oral pain medication and that the claimant needs an alternative treatment in the form of a topical analgesic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac 3% / Lidocaine 5% 180g. for the left shoulder: Upheld

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

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. However, in the present case, guidelines do not recommend the use of lidocaine in a topical cream/lotion/ointment formulation. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. 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 3% / Lidocaine 5% 180g for the left shoulder is not medically necessary.