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| Case Number: | CM14-0183127 | | |
| Date Assigned: | 11/10/2014 | Date of Injury: | 10/21/2012 |
| Decision Date: | 05/01/2015 | UR Denial Date: | 10/10/2014 |
| 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Ohio, North Carolina, Virginia
Certification(s)/Specialty: Family Practice

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 injured worker is a 62 year old, female who sustained a work related injury on 10/21/12. The diagnoses have included cervical strain, lumbar strain, bilateral carpal tunnel syndrome, bilateral elbow tendinopathy, bilateral knee patellofemoral pain and bilateral rotator cuff tear. Treatments have included physical therapy and medications. In the PR-2 dated 9/26/14, the injured worker complains of persistent pain in neck, back, both shoulders, left elbow, bilateral wrists and hands, left knee and bilateral feet. She rates her pain a 7/10. She has radiating pain from neck to both hands. She states the pain is made better with rest and pain medications. She states pain level with rest and medications is a 5/10. She states pain is made worse by activities. She has tenderness with palpation over cervical paraspinal musculature. She has decreased range of motion in neck. She has decreased range of motion in shoulders and wrists. She has tenderness of both knee joints. She has mild crepitus in right knee with range of motion. The treatment plan is a prospective request for Diclofenac/Lidocaine (3%/5%) cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac/Lidocaine (3%/5%) 180g, quantity unspecified, number of refills unspecified, for symptoms related to cervical, lumbar, bilateral shoulder, bilateral wrist, left elbow and left knee region as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (Chronic).

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

Decision rationale: The referenced guidelines state that any topical compound containing one or more non-recommended ingredients is not recommended in its entirety. The requested topical compound contains lidocaine in a cream or ointment form. Topical lidocaine is 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. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. Non-neuropathic pain: Not recommended. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. In this instance, the request compound contains lidocaine in a non-patch form. Lidocaine in creams, lotions, or gels are not indicated for neuropathic pain and lidocaine is not indicated for the treatment of chronic muscle pain. Therefore, Diclofenac/Lidocaine (3%/5%) is not medically necessary.