

Case Number:	CM14-0184462		
Date Assigned:	11/12/2014	Date of Injury:	05/21/2011
Decision Date:	01/07/2015	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	11/06/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 injured worker is a 38 year-old female, who on May 21, 2011, was injured while performing regular work duties. The mechanism of injury is unknown, with reported injury of low back and left knee pain. The records included a sleep study completed on April 29, 2014. No other diagnostic testing is provided for this review. The records indicate the injured worker complains of intermittent pain of the lower back and left knee. Topical "Kera-Tek" is recommended as the injured worker requested to avoid oral medications, the efficacy of this medication is not provided. The records do not indicate if other medications were tried for pain relief. The request for authorization is for Diclofenac/Lidocaine 3%/5%, 180 grams. The primary diagnosis is sprain of the lumbar spine, and tear of cartilage or meniscus of knee. On October 7, 2014, Utilization Review non-certified the request for Diclofenac/Lidocaine 3%/5% 180 grams, based on MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac/Lidocaine 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; Non-selective NSAIDs Page(s): 111,107.

Decision rationale: Diclofenac is a non-steroidal anti-inflammatory drug (NSAID). According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Diclofenac is used for osteoarthritis pain of wrist, ankle and elbow and there is no strong evidence for its use for spine pain such as lumbar spine pain. and knee pain. Therefore request for Diclofenac/Lidocaine 3%/5% 180gm is not medically necessary.