

Case Number:	CM14-0193409		
Date Assigned:	12/01/2014	Date of Injury:	11/13/2010
Decision Date:	01/15/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/19/2014

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 38-year-old male with date of injury of 11/13/2010. The listed diagnoses from 10/06/2014 are: 1. Acute lumbosacral coccygeal contusion. 2. Continued coccydynia. 3. Compensatory thoracolumbar chronic strain. 4. Left hip sprain/strain. According to this report, the patient complains of thoracic spine and lumbar spine pain. He rates his pain a 4/10. The patient describes his pain as constant and has remained the same since his last visit. The pain is made better with therapy, over-the-counter, as well as stretching. The examination of the thoracic and lumbar spine revealed decreased range of motion with tenderness over the paraspinal muscles bilaterally. There is a positive Kemp's sign. Normal strength and sensation was noted. Deep tendon reflexes are 2+ bilaterally at the patellar and Achilles tendon. Tenderness was noted over the tailbone region. The documents included AME report from 02/27/2014 and progress reports from 01/29/2013 to 10/06/2014. The utilization review denied the request on 10/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac/Lidocaine 3%/5% 180 gm (Express Scripts): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

Decision rationale: The treater is requesting Diclofenac/Lidocaine 3%/5% 180 G (express scripts). The MTUS Guidelines page 112 on topical analgesics states that it is recommended for a localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI antidepressants or AED such as Gabapentin or Lyrica). MTUS also states, "Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended." No commercially-approved topical formulations of lidocaine whether creams, lotions, or gels are indicated for neuropathic pain. In this case, Lidoderm is not supported in formulations other than a patch form. The request is not medically necessary.