

Case Number:	CM14-0193438		
Date Assigned:	12/05/2014	Date of Injury:	12/07/2007
Decision Date:	01/15/2015	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/08/2014

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 & Rehabilitation, has a subspecialty in Pain Management 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 34 year old female with the injury date of 12/07/07. Per treating physician's report 07/30/14, the patient has neck, shoulders and low back pain. The patient rates her pain as 9.5/10. The patient ambulates with a cane. The patient is not currently working. ROM of the lumbar spine is decreased; there is tenderness over the paraspinal muscles, left greater than right. The list of diagnoses is:1) Diffuse musculoskeletal myofascial pain2) There is 2mm disc bulge at C5-6 with degenerative osteophyte present3) Bilateral shoulder sprain/ strain4) Psyche issues5) Gastrointestinal issues secondary to NSAIDs use6) Headaches7) Lumbar spine sprain/ strain. The provider requests Diclofenac/Lidocaine cream to increase functionality and decrease pain. Per progress report 07/01/14, the patient has the same pain in her neck and lower back, rating 7-8/10 with Norco. Per progress report 05/15/14, the patient rates her neck pain as 10/10, lower back pain as 9/10. The patient takes Norco and Flexeril. The utilization review determination being challenged is dated on 08/29/14. Treatment reports were provided from 12/11/13 to 07/30/14.

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 for the cervical spine and bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Creams, Topical Analgesics Page(s): 111,113.

Decision rationale: The patient presents pain in her neck, shoulders and lower back. The request is for Diclofenac/ Lidocaine 3-5% 180mg for the cervical spine and bilateral shoulders. MTUS guidelines page 111 "primarily recommends topical creams for neuropathic pain when trials of antidepressants and anticonvulsants have failed." It indicates "FDA-approved agents: Voltaren Gel 1% (Diclofenac) for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). In this case, none of the reports provide information about the patient's osteoarthritis condition. Furthermore, the compounded cream contains Lidocaine. Lidocaine is only supported in its' patch formulation per MTUS. The request is not medically necessary.