

Case Number:	CM14-0196584		
Date Assigned:	12/04/2014	Date of Injury:	12/11/2012
Decision Date:	01/15/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/24/2014

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 patient is a 55-year-old man who sustained a work-related injury on December 11, 2012. Subsequently, he developed chronic neck and left shoulder pain. According to the progress report dated October 8, 2014, the patient complained of persistent pain in the neck at 5/10, which was constant and the same. Left shoulder pain was at 3-5/10, which was slightly improved after he had his injection, on September 2014, in the left trapezius muscle. The pain was made better with therapy, medication, and cortisone injection. The patient was doing chiropractic treatments to the neck and left shoulder. He had done 1 out of 6 so far. Examination of the cervical spine revealed tenderness in the midline and tenderness in trapezius and levators, as well as hypertonicity. He had asymmetric loss of range of motion. He had positive cervical compression test. He had positive Spurling's sign on the left. Examination of the left shoulder revealed forward flexion and abduction at 160 degrees and internal and external rotation at 60 degrees. He had mildly positive Hawkins. Subacromial space was tender. He had 4+/5 strength with flexion, abduction, and external rotation. The patient was diagnosed with chronic cervical strain with disc herniation, left upper extremity radicular pain, and left shoulder partial rotator cuff tear and rotator cuff tendinitis. The provider has requested authorization for Diclofenac/Lidocaine cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

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

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

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

Decision rationale: The requested topical analgesic is formed by the combination Diclofenac 3% / Lidocaine 5%. 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. That 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. The topical analgesic contains Diclofenac not recommended by MTUS as a topical analgesic. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. There is no documentation that the patient developed neuropathic pain. Therefore, the request for this topical analgesic is not medically necessary.