

Case Number:	CM14-0207376		
Date Assigned:	12/19/2014	Date of Injury:	03/17/2014
Decision Date:	02/12/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/11/2014

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 Internal Medicine, has a subspecialty in Rheumatology, Allergy & Immunology and is licensed to practice in Texas and Maryland. 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:

This is a 56 year old male with a date of injury of 3/17/14. The patient is being treated for right knee meniscal tear s/p arthroscopy, right iliotibial band insertional tendinitis, right knee early arthritis, left knee meniscal tear s/p arthroscopy and chronic lumbar strain due to gait abnormality. Subjective findings on 10/10/14 include lumbar/bilateral knee and left hip pain. Symptoms are better with medications and rest, worse with standing. Objective findings include bilateral knee tenderness along medial joint line, mild effusion, minimal crepitus, right iliotibial band insertion pain and normal neurological exam. Previous treats used are medications (Celebrex, Tylenol #3), cortisone injection into the right knee and physical therapy. The previous Utilization Review on 11/19/14 found the request for Diclofenac/lidocaine cream 3%/5% 180g to be non-certify due to no failure of first line agents used for neuropathic pain or intolerance to oral meds.

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% 180g: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation MTUS Official Disability Guidelines (ODG), Pain, Compound Creams

Decision rationale: MTUS and Official Disability Guidelines (ODG) recommended usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS specifically states for Voltaren Gel 1% (diclofenac) that it is "Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder." Medical records do indicate that the patient is being treated for knee osteoarthritis pain in the joints, but the prescribed medication includes lidocaine which is not recommended for osteoarthritis of the knee. Official Disability Guidelines (ODG) also states that topical lidocaine is appropriate in usage as patch under certain criteria, but that "no other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." MTUS states regarding lidocaine, "Neuropathic pain 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)." MTUS indicates lidocaine "Non-neuropathic pain: Not recommended." The medical records do not indicate failure of first-line therapy for neuropathic pain and lidocaine is also not indicated for non-neuropathic pain. ODG states regarding lidocaine topical patch, "This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia". Medical documents do not document the patient as having post-herpetic neuralgia. In this case, the patient is being prescribed a combination topical NSAID and anesthetic for the treatment of knee early arthritis, presumed osteoarthritis. As stated above, topical NSAIDS may be used in osteoarthritis but the combination with lidocaine would not be indicated as the lidocaine is recommended for neuropathic pain. As such, the request for Diclofenac/lidocaine cream 3%/5% 180g is not medically necessary.