

Case Number:	CM15-0008651		
Date Assigned:	01/26/2015	Date of Injury:	03/25/2014
Decision Date:	04/10/2015	UR Denial Date:	12/20/2014
Priority:	Standard	Application Received:	01/15/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 45-year-old female who reported an injury on 03/25/2014. The mechanism of injury was not stated. The current diagnoses include acute cervical strain, cervical disc bulge at C6-7, acute lumbar strain, right hand numbness, right lower extremity radicular pain, right L5 radiculopathy, bilateral mild carpal tunnel syndrome and plantar fasciitis. The injured worker presented on 01/16/2015 with complaints of persistent pain in the cervical spine, lumbar spine, right ankle and right foot. The injured worker also reported an improvement with chiropractic treatment. The injured worker was utilizing Soma, Norco and Motrin. Upon examination of the cervical spine, there was a slight decrease in range of motion in all planes with tenderness to palpation. Examination of the lumbar spine revealed decreased range of motion with tenderness to palpation and positive Kemp's sign bilaterally. Examination of the right ankle also revealed decreased range of motion in all planes with slight 4+/5 weakness and tenderness over the Achilles insertion, as well as the plantar fascia. Recommendations included continuation of the current medication regimen. The injured worker was referred for a course of physical therapy and additional chiropractic treatment. A prescription was also issued for a flurbiprofen/lidocaine cream. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac 3% lidocaine 5% cream, 180g: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: California MTUS Guidelines state any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended as a whole. The only FDA approved topical NSAID is diclofenac 1%. Lidocaine has not been FDA approved for topical use in the form of a cream, lotion or gel. Given the above, the request is not medically appropriate at this time.