

Case Number:	CM15-0008963		
Date Assigned:	01/27/2015	Date of Injury:	07/30/2014
Decision Date:	03/24/2015	UR Denial Date:	12/17/2014
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

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 male who reported injury on 07/30/2014. The mechanism of injury was not provided. The documentation of 01/08/2015 revealed the injured worker had cervical spine, lumbar spine, right arm, right elbow, bilateral wrist and bilateral hand pain. The injured worker was noted to be participating in physical therapy for the cervical and lumbar spine. The examination of the cervical spine revealed tenderness over the midline and paraspinals and hypertonic trapezius muscles. The injured worker had limited range of motion in flexion and extension due to pain. The neurologic examination of the upper extremities was within normal limits. The neurologic examination of the lower extremities was within normal limits. The injured worker had tenderness in the lumbar spine in the midline and paraspinals. The injured worker had limited range of motion of flexion and extension due to pain. The diagnosis included acute cervical strain, right elbow contusion, bilateral wrist sprain, bilateral wrist contusion, and acute lumbar strain. Additionally, there was moderate carpal tunnel syndrome per electrodiagnostic studies of 12/01/2014, and moderate ulnar neuropathy of the elbows bilaterally per electrodiagnostic studies of 12/01/2014. The treatment plan included a 30 day trial of a TENS unit and authorization for flurbiprofen/lidocaine cream. The documentation indicated transdermal agents allow for penetration and are not considered topical agents.

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, 180gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Lidocaine, Diclofenac Page(s): 111, 112, 71.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety... are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed... Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Diclofenac is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment. The guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica). No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The clinical documentation submitted for review failed to indicate the injured worker had trialed and failed antidepressants and anticonvulsants. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. The request as submitted failed to indicate the frequency and the body part to be treated with the requested medication. The physician documented that transdermals are not topical analgesics; however, for the purpose of guideline interpretation, they are considered topical analgesics. Given the above and the lack of documentation, the request for diclofenac 3% / lidocaine 5% cream 180 g is not medically necessary.