

Case Number:	CM15-0105454		
Date Assigned:	06/09/2015	Date of Injury:	08/31/2009
Decision Date:	07/10/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/01/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 51 year old female, who sustained an industrial injury on 08/31/2009. The injured worker is currently medically retired. The injured worker is currently diagnosed as having osteoarthritis of the bilateral hips, status post bilateral total hip replacements, and internal derangement of the left knee. Treatment and diagnostics to date has included home exercise program and medications. In a progress note dated 02/20/2015, the injured worker presented with complaints of pain in her left gluteal into her back. Objective findings include left knee pain, burns on outside of left heel, and crepitus. The treating physician reported requesting authorization for Diclofenac/Lidocaine gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac sodium Qty: 54; Lidocaine Hydrochloride (Bulk) powder - Qty 36 Sterile water irrigation - Qty 6, Ethoxy Diglycol - Qty 18 Versatile cream base Qty 246 (Refill is 3 of 3 - total Qty 360): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics Page(s): 60, 111-113.

Decision rationale: The claimant has a remote history of a work injury occurring in August 2009 and continues to be treated for osteoarthritis affecting the lower extremities. When seen, there was left thigh atrophy. There was crepitus, copying, and guarding of the left knee. There was medial joint line tenderness with positive McMurray's testing. Medications included Motrin. Topical analgesics are recommended as an option and although primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, may also be useful for chronic musculoskeletal pain. In this case, Motrin is being prescribed. The topical treatment requested contains diclofenac, another non-steroidal anti-inflammatory medication. Prescribing two NSAID medications is duplicative. Topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain. Guidelines recommend that when prescribing medications only one medication should be given at a time. By prescribing a multiple combination medication, in addition to the increased risk of adverse side effects, it would not be possible to determine whether any derived benefit is due to a particular component. Therefore this request was not medically necessary.