

Case Number:	CM15-0106523		
Date Assigned:	06/10/2015	Date of Injury:	03/17/2010
Decision Date:	07/13/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	06/02/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 55 year old male, who sustained an industrial injury on 03/17/2010. He has reported subsequent low back, bilateral knee and right hip pain and was diagnosed with lumbar spondylosis from L1-L5, bilateral knee pain, likely osteoarthritis versus loose body versus meniscal injury and right hip pain likely osteoarthritis versus right femoral external rotator tendonitis. Treatment to date has included oral and topical pain medication and physical therapy. In a progress note dated 04/14/2015, the injured worker complained of a flare up of low back pain worse on the left side with some radiating symptoms to the left lower extremity to the left ankle with some numbness. Objective findings were notable for abnormal gait secondary to pain, tenderness over the posterior superior iliac spine and bilateral facet joint at L3-S1, pain over the facet joints with lumbar extension, right knee swelling and tenderness significantly diminished from the last visit, decreased motor strength of hamstrings and quadriceps and positive patellar grind test bilaterally. A request for authorization of Diclofenac 15%/Gabapentin 10%/Lidocaine 10% 240 gram Jar was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac 15%, Gabapentin 10%, Lidocaine 10% 240g JAR: Upheld

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

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

Decision rationale: The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) 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. The requested medication contains ingredients, which are not indicated per the California MTUS for topical analgesic use. Therefore, the request is not medically necessary.