

Case Number:	CM15-0109599		
Date Assigned:	06/16/2015	Date of Injury:	04/10/2007
Decision Date:	07/14/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/08/2015

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 51 year old male, who sustained an industrial injury on 4/10/2007. Diagnoses include cervical discopathy, cervical herniated nucleus pulposus and stenosis at C3-4 and C4-5, lumbar discopathy, plantar fasciitis, transmandibular joint, bruxism, periodontal problems and problems with facial and salivary glands, sleeping problems, major depressive disorder, right knee pain and left shoulder impingement. Treatment to date has included diagnostics, psychological care, medications including hydrocodone and bracing. Per the Primary Treating Physician's Progress Report dated 3/09/2015, the injured worker reported low back and right knee pain. He related aching head pain rated as 7/10. Neck pain is rated as 7/10. Shoulder pain is rated as 8/10. Pain in the upper back is rated as 8/10 and lower back pain is rated as 8/10. Physical examination of the lumbar spine revealed an antalgic gait. Toe and heel walk were abnormal. There was tenderness to the paraspinal musculature of the lumbar region and midline tenderness was noted in the lumbar spine. There was decreased range of motion in all planes. The plan of care included diagnostics and topical medications and authorization was requested for Diclofenac/Lidocaine/Gabapentin/Ketoprofen topical cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro (DOS: 4.1.15) Diclofenac/Lidocaine/Ketoprofen topical cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, page(s) 111-113.

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with multiple joint pains without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded NSAID and Lidocaine over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. It is also unclear why the patient is being prescribed 2 concurrent topical anti-inflammatories, posing an increase risk profile without demonstrated extenuating circumstances and indication. Guidelines do not recommend long-term use of NSAID without improved functional outcomes attributable to their use. The Retro (DOS: 4.1.15) Diclofenac/Lidocaine/Ketoprofen topical cream is not medically necessary and appropriate.