

Case Number:	CM15-0190262		
Date Assigned:	10/02/2015	Date of Injury:	08/19/2014
Decision Date:	11/09/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/28/2015

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: Arizona, California

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 56 year old male, who sustained an industrial injury on 8-19-14. The injured worker was diagnosed as having lumbosacroiliac sprain, lumbar degenerative disc disease and right sacroiliac joint dysfunction. The physical exam (6-9-15 through 7-13-15) revealed 3-4 out of 10 pain, a positive straight leg raise test and uticaria on the left flank. Treatment to date has included Neurontin and Relafen. As of the PR2 dated 8-17-15, the injured worker reports pain in his lower back. He rates his pain 4 out of 10. The treating physician noted uticaria on the left flank and discontinued Neurontin and Relafen. The treating physician requested Diclo-Gaba-Lido cream. The Utilization Review dated 9-1-15, non-certified the request for Diclo-Gaba-Lido cream and certified the request for Vistaril 25mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclo/Gaba/Lido cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical anti epileptics such as Gabapentin are not recommended due to lack of evidence. Topical Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). It is used off label for diabetic and herpetic neuropathy. The claimant does not have these diagnoses. Since the compound above contains these topical medications, the Diclo/Gaba/Lido cream is not medically necessary.