

Case Number:	CM15-0195783		
Date Assigned:	10/09/2015	Date of Injury:	09/11/2014
Decision Date:	11/24/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	10/05/2015

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: Anesthesiology, 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 36 year old male injured worker suffered an industrial injury on 9-11-2014. The diagnoses included lumbar disc protrusions with moderate facet arthropathy and bilateral pars defects. On 8-14-2015 the treating provider reported persistent lower back pain rated 6 out of 10 that was constant radiating down the right leg. He reported the Tramadol reduced the pain from 8 out of 10 to 4 or 5 out of 10. He was currently attending acupuncture with 10 out of 12 sessions to date producing less pain. On exam the lumbar spine was tender and asymmetric loss of range of motion. Diclofenac 3%, Lidocaine 5% cream was added to enhance pain relief. Prior treatment included 12 sessions of physical therapy with reported slight increase in range of motion and decreased pain. Request for Authorization date was 8-28-2015. The Utilization Review on 9-9-2015 determined non-certification for Diclofenac 3%, Lidocaine 5% cream, 180 gm.

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, 180 gm: Upheld

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

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

Decision rationale: According to the MTUS, there is little to no research to support the use of topical compounded creams. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Topical analgesics are largely experimental and there are a few randomized controlled trials to determine efficacy or safety. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established. The request is not medically necessary.