

Case Number:	CM15-0084400		
Date Assigned:	05/06/2015	Date of Injury:	01/23/2013
Decision Date:	06/10/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	05/01/2015

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: California

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 54 year old male who sustained an industrial injury on 01/23/2013. Current diagnoses were not included. Previous treatments included medication management, and wrist surgery. Report dated 03/25/2015 noted that the injured worker presented with complaints that included painful upper limb, numbness, and fingers are stiff. Pain level was 8 out of 10 on a visual analog scale (VAS). Medication regimen includes Diclofenac 3%, Gabapentin 6%, Lidocaine 2.5%, Tetracaine 2.5%, Naproxen, and Ultram. Physical examination was positive wrist pain, decreased strength and mid wrist pain. Neck exam is positive for pain with palpation and range of motion, Spurling's maneuver left, foraminal compression test are positive, and pain with valsalva left. The treatment plan included requests for home exercise/physical therapy, weighted x-ray, medications with as addition for topical pain cream, hand surgeon, and interventional pain management consultation. Disputed treatments include Diclofenac 3%, Gabapentin 6%, Lidocaine 2.5%, Tetracaine 2.5% 240g with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac 3#, Gabapentin 6%, Lidocaine 2.5%, Tetracaine 2.5% 240g with 3 refills:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs Topical Lidocaine Page(s): 111-113.

Decision rationale: Regarding the request for topical compound cream consistent of Diclofenac, Gabapentin, Lidocaine, and Tetracaine, the Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug or drug class that is not recommended, is not recommended. Regarding the use of topical Diclofenac, guidelines state that the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the 1st 2 weeks of treatment osteoarthritis, but either not afterwards or with the diminishing effect over another two-week period. Regarding the use of topical lidocaine, guidelines the state that it is recommended for localized peripheral pain after there is evidence of a trial of first-line therapy. Within the documentation available for review, the patient is taking oral Naproxen without documented intolerance or treatment failure. Additionally, there is no documentation of localized peripheral pain with evidence of failure of first-line therapy as recommended by guidelines prior to the initiation of topical lidocaine. In the absence of clarity regarding those issues, the currently requested compound topical treatment is not medically necessary.