

Case Number:	CM14-0143040		
Date Assigned:	09/10/2014	Date of Injury:	03/19/2013
Decision Date:	10/16/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	09/03/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 51-year-old male who has submitted a claim for medial epicondylitis, and right shoulder rotator cuff tear status post arthroscopy associated with an industrial injury date of 3/19/2013. Medical records from 2013 to 2014 were reviewed. Patient complained of right shoulder pain and right arm pain, rated 8/10 in severity resulting to difficulty in performing grooming, dressing, sleeping, lifting, cooking, cleaning, and gardening. Patient reported pain relief upon intake of Norco from 8/10 to 2/10 in pain severity. Physical examination of the right shoulder showed tenderness. Muscle spasm of bilateral trapezius was noted. Range of motion of the right shoulder was restricted on all planes. Muscle strength was graded as a 5 minus/5. Tinel's sign was negative over the right cubital tunnel. Urine drug screen from 6/30/2014 showed inconsistent results with prescribed medications. Treatment to date has included a right shoulder arthroscopy, physical therapy, and medications such as Norco (since 2013) and topical creams. Utilization review from 8/6/2014 denied the request for Diclofenac 3%/lidocaine cream 5% 180gm because of limited published studies concerning its efficacy and safety.

IMR ISSUES, DECISIONS AND RATIONALES

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

DICLOFENAC 3%/LIDOCAINE CREAM 5%, 180GM: 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: As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Topical NSAIDs formulation is only supported for diclofenac in the California MTUS. Topical formulations of lidocaine (whether creams, lotions or gels) are not indicated for neuropathic or non-neuropathic pain complaints. In this case, topical cream is prescribed as adjuvant therapy to oral medications. However, the prescribed medication contains lidocaine, which is not recommended for topical use. Guidelines state that any compounded product that contains a drug class, which is not recommended, is not recommended. Therefore, the request for diclofenac 3%/lidocaine cream 5%, 180 gm is not medically necessary.