

Case Number:	CM14-0149183		
Date Assigned:	09/18/2014	Date of Injury:	10/10/2012
Decision Date:	11/06/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/15/2014

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 Anesthesiology; has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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:

The patient is a 60 year old male who was injured on 10/10/2012. The diagnoses are cervical, thoracic and lumbar spines pain. On 7/28/2014, there were objective findings of positive shoulder decompression, positive Spurling's and positive Kemp's tests. There was tenderness over the cervical, thoracic and lumbar spines. The sensation over the left C5, C6 and C7 dermatomes was decreased. On 8/29/2014, [REDACTED] / [REDACTED] noted subjective report of decreased pain following interventional pain injections. The patient was awaiting the delivery of the TENS unit. A Utilization Review determination was rendered on 9/3/2014 recommending non certification for topical diclofenac 3% /lidocaine 5% 180gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Diclofenac/Lidocaine (3%, 5%) 180mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 111-114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical analgesic preparations can be utilized for localized pain that did not respond to standard treatment with

NSIADs, anticonvulsants or antidepressant medications. The efficacy of topical medications decreases over time. The records showed that the patient was not diagnosed with localized pain. The subjective complaints of pain was located at cervical, thoracic, lumbar spines as well at major joints. There is no indication that the patient cannot tolerate or have failed orally administered medications. The patient reported significant pain improvement following interventional pain injections. The criteria for the use of topical diclofenac 3% / lidocaine 5% 180gm was not met.