

Case Number:	CM14-0149516		
Date Assigned:	09/18/2014	Date of Injury:	05/28/2011
Decision Date:	10/27/2014	UR Denial Date:	09/06/2014
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 Family Practice 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:

57 year old female claimant sustained a work injury on 5/28/11 involving the neck, back and shoulders. The claimant was diagnosed with cervical canal stenosis, lumbar strain and right rotator cuff tear. She had undergone arthroscopic repair and distal clavicle resection. A progress note on 8/4/14 indicated the claimant had 6/10 pain. She had been on Tramadol for pain. Exam findings were notable for decreased range of motion of the right shoulder, cervical and lumbar spine. Spurling's test was positive on the right side. There was decreased strength and sensation on the right side C5-C8 region. The claimant was provided with topical for Diclofenac 3%/Lidocaine 5% for local peripheral pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac/Lidocaine 3%/5%, 180 g: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. 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. Diclofenac is a topical NSAID. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Since there is limited evidence for the use of topical Diclofenac for the claimant's neck and back pain, the continued use of the above topical cream is not medically necessary.