MAXIMUS Federal Services

Case Number:	CM14-0151874		
Date Assigned:	09/19/2014	Date of Injury:	05/31/2013
Decision Date:	10/21/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/17/2014

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 Occupational Medicine 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:

The claimant was injured on 05/31/13. The mechanism of injury is repetitive activity. Diclofenac/lidocaine cream is under review. She had pain in the right wrist on 03/14/14 and her pain was level 9/10. On 04/25/14 she reported pain with any movement. Again her medications are not listed but she reported that she was taking Percocet on a questionnaire. On 06/06/14, her pain was level 7/10. She had grip strength of about 50 pounds bilaterally. She saw a provider on 08/14/14. She reported headaches and continuous bilateral hand and wrist pain that radiated to her elbows and shoulders. She had tingling in the palms and fingers of her hands and forearms. Her pain was worse with her activities and was rated a level 9/10. She had tried pain medications and physical therapy and was taking Neurontin. She was not working. Physical examination revealed mildly decreased range of motion of the wrists. Tinel's median nerve and median nerve compression tests were positive bilaterally. She had good strength. Electrodiagnostic studies were ordered along with diclofenac/lidocaine cream. She had nearly symmetric strength. She had an injection that helped and extensor carpi ulnaris tenosynovitis was thought to be the diagnosis. Her medication history is not described. Acupuncture and anti-inflammatories and pain medications were ordered.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac/Lidocaine cream (3%/5%) 180g: 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): 143.

Decision rationale: The history and documentation do not objectively support the request for diclofenac/lidocaine cream (3%/5%) 180 g. The MTUS state "topical agents may be recommended as an option [but are] 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. (Namaka, 2004).... Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. " There is no evidence of failure of all other first line drugs. The claimant's history of medication trials, including possible side effects or lack of effect, is not described. Topical lidocaine is only recommended by the MTUS in the form of Lidoderm patch. Therefore, this combination medication [diclofenac/lidocaine cream (3%/5%) 180 g] is not medically necessary.