

Case Number:	CM14-0154809		
Date Assigned:	09/24/2014	Date of Injury:	10/01/2009
Decision Date:	10/27/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	09/22/2014

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 & Rehabilitation has a subspecialty in Interventional Spine 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 patient is a 65 years old male with an injury date on 10/01/2009. Based on the 06/30/2014 progress report provided by [REDACTED], the patient complains of persistent pain in the neck, mid back, low back, and left knee, all about the same. The patient rated the pain as a 4/10 and a 2/10 with use of Kera-Tek gel. Physical exam reveals tenderness over the trapezius and cervical/lumbar paraspinals muscle. Ranges of motion of the lumbar and cervical spine are slightly decreased. Shoulder depression test, Spurling's test, and straight leg raise test are positive. Deep tendon reflexes are 1++ at brachioradialis and triceps tendon bilaterally. Exam of the left knee reveals tenderness over the medial and lateral joint line. Mc Murray's and varus and valgus stress test are positive. There were no other significant findings noted on this report. The utilization review denied the request on 09/15/2014. [REDACTED] the requesting provider and he provided treatment reports from 04/07/2014 to 06/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac/Lidocaine 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): 111-113.

Decision rationale: According to the 06/30/2014, report by [REDACTED] this patient presents with persistent pain in the neck, mid back, low back, and left knee, all about the same. The physician is requesting Diclofenac/Lidocaine 3% / 5% 180g. Regarding Topical Analgesics, MTUS guidelines states Lidocaine is only allowed in a patch form and not allowed in cream, lotion or gel forms. The MTUS Guidelines page 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." Lidocaine is only recommended in a patch formulation and not in a gel. Therefore, the request for Diclofenac/Lidocaine 3%/5% 180g is not medically necessary and appropriate.