

Case Number:	CM14-0159481		
Date Assigned:	10/03/2014	Date of Injury:	11/23/2010
Decision Date:	10/29/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	09/29/2014

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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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 injured worker is a 54-year-old male who sustained a work related injury on 11/23/2010 as result of tripping over a back rack and fell, sustaining multiple injuries. Since then, he has had nearly continuous complaint of cervical and lumbar pain with radiation to the left lower extremity, as well as left knee pain. Recent progress reports indicates the injured worker complaining of cervical and lumbar pain that is rated as 7-8/10 with occasional radiation to the left upper extremity and left anterior thigh. He also complains of left shoulder and left knee pain, rated as 6/10 and 8-9/10, respectively. Examination reveals a decreased range of motion in the cervical and lumbar spine. Compression testing of the cervical region results in pain radiation to the upper extremities. Left shoulder examination identifies slight strength deficit (4/5) during abduction. The injured worker's current treatment regimen includes Tylenol #3 and 50mg Ultram. In dispute is a decision for Diclofenac/Lidocaine cream (3% 15%) 1.80g.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac/Lidocaine cream (3% 15%) 1.80g: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Intervention and Treatments Page(s): 111-112.

Decision rationale: Topical analgesics (compounded): Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control medications of differing varieties and strengths. Voltaren Gel 1% (diclofenac): Indicated for and FDA-approved for the relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. Maximum dose should not exceed 32 g per day (8 g per joint per day in the upper extremity and 16 g per joint per day in the lower extremity). The most common adverse reactions were dermatitis and pruritus. (Voltaren package insert). Unfortunately, Voltaren / Diclofenac gel has not been evaluated to treat spinal pain. In addition, the injured worker does not have a documented complaint of neuropathic pain or have documented findings of having failed antidepressant treatment trial. However, Voltaren gel is authorized for use as a topical treatment for shoulder and knee pain. The request for Diclofenac/Lidocaine Cream is medically necessary.