

Case Number:	CM14-0161008		
Date Assigned:	10/06/2014	Date of Injury:	11/17/2011
Decision Date:	11/07/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/01/2014

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 Internal Medicine and is licensed to practice in Maryland. 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 employee was a 59 year old female who sustained a work related injury on 11/17/11. Her evaluation included an EMG/NCS that was normal in her left upper extremity. MRI of left shoulder on 11/29/12 revealed possible tear of the posterior aspect of the superior labrum, mild degeneration of the AC joint and diffuse low to intermediate grade partial thickness undersurface tear of the supraspinatus tendon. She was status post major reconstructive procedure on her left elbow on 08/27/13. Her diagnoses included status post left radial head and olecranon fracture, status post radial head replacement fixation, left wrist sprain and left shoulder subacromial impingement. Her progress note from 08/29/14 was reviewed. She had persistent pain in her left shoulder, left elbow and left hand. Her pain at left shoulder was 5/10, left elbow was 6/10 and left wrist pain was 3/10. She was taking Naprosyn and Prilosec as needed. The Naprosyn improved her pain from 6/10 to 3/10. She was not working. Pertinent examination findings included painful arc over 135 degrees and tenderness over the acromioclavicular joint of the left shoulder. Left elbow examination revealed decreased range of motion and decreased sensation over the surgical scar on the olecranon. There was decreased strength of 4/5 with flexion and extension. Examination of the left wrist revealed decreased range of motion with weak grip strength of 4/5 with positive Phalen's. Diagnoses included status post left radial head and olecranon fracture, status post radial head replacement and olecranon fixation, left wrist sprain, slightly decreased bone quality, left shoulder subacromial impingement, depression and anxiety, sleep issues and stomach issues. The plan of care included Diclofenac/Lidocaine gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac/Lidocaine cream: 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): 111-112.

Decision rationale: According to MTUS, Chronic Pain Medical Treatment guidelines, there is little evidence to support the use of many of the topical analgesics. Any compounded product that contains at least one drug that is not recommended is not recommended. According to chronic pain medical treatment guidelines topical NSAIDs such as topical Diclofenac, can be indicated in the treatment of arthritis and/or tendinitis in joints that lend themselves to topical treatment such as the elbow, wrist or knee. Maximum dose should not exceed 32 g per day, with 8 g per joint per day in upper extremity and 16 g per joint per day in the lower extremities. Topical Lidocaine is recommended in the form of Lidoderm patch for neuropathic pain. No other commercially approved topical formulations of Lidocaine are indicated for neuropathic pain. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. The guidelines also add that it is not recommended for non-neuropathic pain. Since the compounded product had Lidocaine in a non-dermal patch formulation, the request for Diclofenac/Lidocaine is not medically necessary or appropriate.