

Case Number:	CM14-0161163		
Date Assigned:	10/06/2014	Date of Injury:	06/01/2008
Decision Date:	11/06/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	09/30/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 61-year-old male with a reported date of injury on 06/01/2008. The mechanism of injury was noted to be repetitive trauma. His diagnoses were noted to include lumbar stenosis, lumbosacral radiculitis, and right foot drop with atrophy of the right lower extremity. His previous treatments were noted to include aquatic therapy and medications. The progress note dated 08/28/2014 revealed complaints for persistent low back pain rated 8/10. The injured worker reported his low back had slightly improved since the last visit. He ambulated with a cane but had slightly increased range of motion and was able to ambulate for a period of 40 minutes. The physical examination revealed limited range of motion to the lumbar spine. There was tenderness of the paraspinals. There was a positive Kemp's test and straight leg raise. Strength was rated 4/5 bilaterally and sensation was 4/5. The Request for Authorization form was not submitted within the medical records. The request was for diclofenac/lidocaine 180 grams to wean the injured worker down from the Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac-Lidocaine 180gm: 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: The request for Diclofenac/Lidocaine 180 grams is not medically necessary. The injured worker complains of low back pain. The California Chronic Pain Medical Treatment Guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The guidelines indicate that topical NSAIDs have been shown in meta-analysis to superior to placebo during the first 2 weeks of treatment for osteoarthritis but either not afterward or with diminishing effect over another 2 week period. When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hips, or shoulders. It is not recommended for neuropathic pain as there is no evidence to support use. The guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first line therapy (tricyclic or SNRI antidepressants or an AED, such as gabapentin or Lyrica). No other commercially approved topical formulations of lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain. The guidelines state any compounded product that contains at least "1 drug or drug class that is not recommended is not recommended and diclofenac, a topical NSAID, is not recommended for longer than 2 weeks and lidocaine is not recommended in any form other than a Lidoderm patch." Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.