

Case Number:	CM14-0162278		
Date Assigned:	10/07/2014	Date of Injury:	04/03/2006
Decision Date:	11/07/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/02/2014

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 Pain Medicine and is licensed to practice in Texas and Ohio. 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 37-year-old male who reported an injury on 04/03/2006, due to an unknown mechanism. Diagnoses were lumbar spine strain with 5 mm disc bulge at L5-S1 with bilateral neural foraminal stenosis, right knee sprain, rule out meniscal injury, and status post right fracture, aggravated by recent industrial injury. Physical examination on 09/12/2014 revealed persistent lumbar spine pain, which was described as constant, and rated a 7/10. It was reported that the pain symptoms improved with the use of medications, rest for 30 minutes, hot showers and stretching. Examination of the lumbar spine revealed limited flexion and extension because of pain. There was midline tenderness, as well as tenderness over the paraspinals. Examination of the right knee revealed medial tenderness and a positive McMurray's sign. Range of motion was 0 to 120 degrees. Neurological exam was normal for bilateral lower extremities. Treatment plan was for an MRI of the right knee as well as for diclofenac/lidocaine cream. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for diclofenac/lidocaine cream 3%/5%, 180g: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic, Diclofenac, Lidocaine Page(s): 111-112.

Decision rationale: The decision for 1 prescription for diclofenac/lidocaine cream 3%/5%, 180g (express script) is not medically necessary. The California Medical Treatment Utilization Schedule 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 compound includes diclofenac which is a non-steroidal anti-inflammatory drug. The guidelines indicate that topical non-steroidal anti-inflammatory drugs (NSAIDs) had been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a 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. These medications may be useful for chronic musculoskeletal pain, but there are no long term studies of their effectiveness or safety. Indications for diclofenac topical are for osteoarthritis and tendonitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. It is recommended for short term use (4 to 12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. 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 do not support the use of compounded topical analgesics. The request does not indicate a frequency for the medication. The efficacy of this medication was not reported. This request does not indicate where this prescription will be used. There was no significant functional benefit reported from the use of this medication. Based on the lack of documentation detailing a clear indication for the use of this medication, this request is not medically necessary.