

Case Number:	CM14-0163687		
Date Assigned:	10/08/2014	Date of Injury:	08/10/2012
Decision Date:	11/06/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	10/06/2014

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 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 45-year-old woman who sustained an injury, work related, to her neck, lower back, shoulders and knees on August 10, 2012. The medical records showed the mechanism of injury is currently not available for review. The reported diagnoses were chronic cervical sprain, chronic lumbar sprain, bilateral patellofemoral syndrome and bilateral shoulder sprain. Medical treatments to date include the use of a TENS unit. The benefit, if any, is not documented in medical record. Medications include Motrin 800 mg Q8H that helps reduce her pain for 35 to 60 minutes. There were no surgeries to date. EMG and NCV are positive in the right upper extremity. Physical examination shows decreased range of motion in the cervical spine tenderness in the paraspinal muscle groups bilaterally and decreased strength and sensation four out of five bilaterally C5 - C6 - C7. Lumbar spine has decreased range of motion with tenderness. Motor and sensation are intact. Knees and shoulders have decreased range of motion bilaterally. The diagnoses were chronic cervical sprain, chronic lumbar sprain, bilateral patellofemoral syndrome and bilateral shoulder sprain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compounded medication of Diclofenac and Lidocaine: Upheld

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 Section 9792.20- 9792.26; Page(s): 111 to 113.

Decision rationale: Topical nonsteroidal anti-inflammatories (Diclofenac) are largely experimental with few randomized controlled trials to determine efficacy or safety. The efficacy in clinical trials have been inconsistent and most studies are small and of short duration. There is little evidence to utilize topical nonsteroidal anti-inflammatories for treatment of osteoarthritis of the spine, hip or shoulder. Given the above guidelines Diclofenac 10% is not recommended. Topical nonsteroidal anti-inflammatories are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There was no trial of antidepressants or anticonvulsants in the record. Any compounded product that contains at least one drug, or drug class, that is not recommended is not recommended. Additionally, this patient is on Motrin, nonsteroidal anti-inflammatory, and there would be no reason to duplicate with Diclofenac. Additionally when it comes to lidocaine, lidocaine is a topical analgesic which is largely experimental with few randomized controlled trials to determine efficacy and safety. Topical lidocaine is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug, or drug class, that is not recommended is not recommended. Topical lidocaine is recommended for localized peripheral pain after there has been evidence of first line therapy with tri-cyclics or antidepressants or an AED fixes gabapentin or Lyrica. The documentation in the medical record does not reflect evidence this patient presented with neuropathic pain nor is there evidence in the medical record the patient failed the trial of first-line treatment for neuropathic pain with gabapentin or Lyrica. Therefore, the request is not medically necessary.