

Case Number:	CM14-0164002		
Date Assigned:	10/08/2014	Date of Injury:	06/12/2009
Decision Date:	11/04/2014	UR Denial Date:	09/11/2014
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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 60-year-old male with a 6/12/09 date of injury, and status post right shoulder rotator cuff repair. At the time (9/11/14) of request for authorization for Diclofenac/Lidocaine Cream 3%/5% 180gm, there is documentation of subjective (cervical spine, lumbar spine, bilateral shoulder, and left knee pain) and objective (cervical spine tenderness, extension and bilateral rotation limited by pain; lumbar spine tenderness, bilateral rotation limited by pain, positive straight leg raise, bilateral shoulder tenderness, limited range of motion, 4/5 muscle strength) findings, current diagnoses (right shoulder status post rotator cuff repair with residual long head of biceps rupture, left shoulder long head of biceps rupture with rotator cuff syndrome and adhesive capsulitis, right shoulder adhesive capsulitis, left knee posterior horn medial meniscus tear, cervical sprain/strain, and lumbar sprain/strain), and treatment to date (activity modification, TENS, and medications).

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac/Lidocaine Cream 3%/5% 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): 111-113.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of right shoulder status post rotator cuff repair with residual long head of biceps rupture, left shoulder long head of biceps rupture with rotator cuff syndrome and adhesive capsulitis, right shoulder adhesive capsulitis, left knee posterior horn medial meniscus tear, cervical sprain/strain, and lumbar sprain/strain. However, Diclofenac/Lidocaine Cream 3%/5% 180gm contains at least one drug (lidocaine) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Diclofenac/Lidocaine Cream 3%/5% 180gm is not medically necessary.