

Case Number:	CM14-0165992		
Date Assigned:	10/13/2014	Date of Injury:	07/26/2007
Decision Date:	11/12/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/08/2014

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 Family Practice 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 65 yr. old male claimant sustained a work injury on 7/26/07 involving the low back and wrist. He was diagnosed with chronic back pain and enthesopathy of the wrist. He had been on oral analgesics and topical Butrans patches for pain. A progress note on 8/26/14 indicated the claimant had 9/10 wrist pain with diffuse swelling and hypersensitivity. The physician continued Percocet and Butrans patches for symptom relief. A subsequent request was made on 9/30/14 for topical Dicolfenac/Lidocaine cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial of topical diclofenac/lidocaine cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: Dicolfenac/Lidocaine cream contains a topical NSAID and lidocaine. According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical

NSAIDs have 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. Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). There is no documentation of failure of 1st line treatment. The claimant had already been on topical analgesics. The trial of Diclofenac/Lidocaine cream is not medically necessary.