

Case Number:	CM14-0184719		
Date Assigned:	11/12/2014	Date of Injury:	10/20/2013
Decision Date:	12/19/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	11/06/2014

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 Physical Medicine and 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 40-year-old female who reported an injury on 10/20/2013. The mechanism of injury was a fall. Her diagnoses were noted to include right shoulder strain, right shoulder rotator cuff syndrome, right cervicothoracic strain, acute lumbar strain, and right hand contusion. The injured worker's past treatments were noted to include medications and chiropractic therapy. On 09/15/2014, the injured worker was noted to have pain to her low back which she rated 6/10, pain to her right shoulder which she rated 5/10, and pain to her right hand which she rated 2/10. She noted that her current medication use of tramadol decreased her pain significantly; however, her pain is worsened with activities of daily living (ADLs). Upon physical examination, it was noted she had tenderness to palpation to her right shoulder and lumbar spine. The injured worker's current medications were noted to include tramadol. The treatment plan was noted to include a brace, TENS unit, acupuncture, Diclofenac/Lidocaine (3%/5%) 180 gm, and a urine toxicology screen. A request was received for compound Diclofenac 3%/Lidocaine 5%, 180 grams in attempt to alleviate her chronic low back pain. The Request for Authorization was signed 09/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Diclofenac 3%/Lidocaine 5%, 180 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 11.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: The request for compound Diclofenac 3%/Lidocaine 5%, 180 grams is not medically necessary. According to the California Medical Treatment Utilization Schedule (MTUS) Guidelines, topical analgesics are recommended for neuropathic pain after a failed trial of antidepressants and anticonvulsants. The guidelines go on to state that when any 1 product in a compound is not recommended, the entire compound is then not recommended. Topical NSAIDs such as Diclofenac 3% are recommended for osteoarthritis and tendonitis, and not for the use of the spine, hip, or shoulder. The guidelines also state that topical NSAIDs are not recommended for neuropathic pain, as there is a lack of evidence to support its use. Topical Lidocaine is only approved as a patch; not any other formulation such as creams, lotions, or gels. As the clinical documentation does not note failed trials of antidepressants and anticonvulsants, and as at least 1 of the compounds in the compounded product is not recommended, the request is not supported by the evidence based guidelines. Additionally, the request does not specify frequency, duration of use, nor body region the medication is to be applied. As such, the request is not medically necessary.