

Case Number:	CM14-0195319		
Date Assigned:	12/03/2014	Date of Injury:	06/16/2014
Decision Date:	01/16/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/21/2014

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 Emergency Medicine and is licensed to practice in New York. 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 43 year-old male, who was injured on June 16, 2014, while performing regular work duties. The mechanism of injury is not indicated within the records. The injured worker has persistent complaints of cervical spine, lumbar spine, and bilateral shoulder pain. The records indicate the injured worker is taking Tramadol on an as needed basis for pain. An evaluation on October 6, 2014, indicates no prescription for Tramadol given or requested; and a recommendation of topical Diclofenac/Lidocaine cream "in an effort to alleviate pain and transition from tramadol". The request for authorization is for Diclofenac/Lidocaine cream (3 percent/5 percent), quantity #180 grams. The primary diagnosis is rotator cuff syndrome of shoulder. Additional diagnoses are: chronic cervical strain, right upper extremity radicular pain, and chronic lumbar strain. On October 24, 2014, Utilization Review non-certified the request for Diclofenac/Lidocaine cream (3 percent/5 percent), quantity #180 grams, based on MTUS, and Chronic pain guidelines.

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%) 180g: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

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

Decision rationale: This medication is a compounded preparation of diclofenac and Lidocaine. Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. Compounded topical analgesics are commonly prescribed and there is little to no research to support the use of these compounds. Furthermore, the guidelines state that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Diclofenac is the topical non-steroidal anti-inflammatory drug (NSAID) diclofenac. Topical NSAIDs have been shown to be superior to placebo in the treatment of osteoarthritis, but only in the short term and not for extended treatment. The effect appears to diminish over time. Absorption of the medication can occur and may have systemic side effects comparable to oral form. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. In this case the patient has not been diagnosed with osteoarthritis. There is no indication for diclofenac. It is not recommended. Lidocaine is recommended for localized peripheral pain after the evidence of a trial for first-line therapy, such as an antidepressant or antiepileptic drug. It is only FDA approved for the treatment of post-herpetic neuralgia. The guidelines state that further research is needed to recommend this treatment for chronic neuropathic pain. In this case there is no documentation that the patient has failed treatment with first-line therapy. Lidocaine is not recommended. This medication contains drugs that are not recommended. Therefore the medication cannot be recommended. The request should not be authorized.