

Case Number:	CM14-0215889		
Date Assigned:	01/05/2015	Date of Injury:	05/31/2013
Decision Date:	03/17/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 33 year old female with a work related injury dated 05/31/2013 after losing her balance attempting to retrieve a metal part that fell to the ground while working as a packer. According to a primary physician's progress report dated 12/08/2014, the injured worker presented with complaints of lumbar spine, left knee, left ankle and left foot pain. The injured worker stated the pain is better with rest and medication and worse with cold weather and activities. Diagnoses included left knee strain, left knee early tricompartmental arthritis, and ankle sprain. Treatments have consisted of acupuncture and medications. According to other medical records, diagnostic testing included negative urine drug screen dated 10/13/2014 and MRI of the lumbar spine performed on 02/27/2014 which revealed a 6-7mm central disc protrusion at the L5-S1 and L4-L5 levels and a 2mm disc bulge at the L3-L4 level. An MRI of the left ankle performed on 02/27/2014 revealed a mild sprain of the anterior talofibular, anterior tibiofibular, and posterior talofibular ligaments. An MRI of the left knee in August 2013 revealed fluid in the knee. Work status is noted as modified duty. On 12/16/2014, Utilization Review denied the request for Diclofenac 3%/Lidocaine 5% cream 180g citing California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac 3%/Lidocaine 5% cream 180g: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Topical Analgesics Page(s): 60, 111-113.

Decision rationale: The claimant is being treated for radiating low back pain. Medications also include Naprosyn. Topical non-steroidal anti-inflammatory medication can be recommended for patients with chronic pain where the target tissue is located superficially in patients who either do not tolerate, or have relative contraindications, for oral non-steroidal anti-inflammatory medications. In this case, oral Naprosyn is also being prescribed. Prescribing two non-steroidal anti-inflammatory medications would be duplicate and is not considered medically necessary. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. Guidelines also recommend that when prescribing medications only one medication should be given at a time. Therefore, Diclofenac/Lidocaine cream was not medically necessary.