

Case Number:	CM15-0115771		
Date Assigned:	06/24/2015	Date of Injury:	07/15/2003
Decision Date:	07/30/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/16/2015

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: Pennsylvania
 Certification(s)/Specialty: Internal Medicine

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 51 year old male who sustained an industrial injury on 07/15/2003. Current diagnoses include lumbar radiculopathy, low back pain, and gastroenteropathy. Previous treatments included medications, physical therapy, and acupuncture. Initial injuries occurred to the low back after the worker fell backwards. Report dated 05/01/2015 noted that the injured worker presented with complaints that included persistent lower back pain with radiation down to both legs. Pain level was 7 (without medication) and 4 (with medication) out of 10 on a visual analog scale (VAS). Physical examination was positive for decreased range of motion, tenderness in the paraspinal muscles, positive straight leg raise on the left, and decreased strength and sensation over the L5-S1 dermatomes in the right lower extremity. The treatment plan included pending authorization for re-evaluation with a spine surgery consultant, request for physical therapy; obtain internal medicine consult from 04/07/2015, request for diclofenac/lidocaine cream, and request for urine toxicology screen for next visit. The physician noted that the request for diclofenac/lidocaine cream is an attempt to help control pain further as the injured worker prefers not to take Tramadol as it causes slight nausea. Disputed treatment is diclofenac/lidocaine cream (3%/5%) 180 gm.

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%) 180gms: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain: Diclofenac, topical. (2015).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) topical analgesics, voltaren gel.

Decision rationale: According to the MTUS chronic pain medical treatment guidelines, topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. If any compounded product contains at least one drug or drug class that is not recommended, the compounded product is not recommended. Documentation supports that the injured worker has radiculopathy and is currently prescribed Tramadol. The documentation submitted did not support that the injured worker had failed a trial of oral antidepressant or antiepileptic medication. Topical NSAIDs are indicated for osteoarthritis and tendinitis, in particular that of the knee and elbow or other joints that are amenable to topical treatment. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. The site of application was not specified, but the documentation indicates that this injured worker has lumbar spine pain, which is not a recommended site of treatment. Topical diclofenac is recommended for osteoarthritis after failure of an oral nonsteroidal anti-inflammatory agent (NSAID) or contraindications to oral NSAIDs, after considering the increased risk profile of diclofenac, including topical formulations. There was no documentation of failure or contraindication to oral NSAIDs. Lidocaine is only FDA approved for treating post-herpetic neuralgia, and the dermal patch form (Lidoderm) is the only form indicated for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain. There was no documentation of a diagnosis of post-herpetic neuralgia. As the form of topical lidocaine in this compound is not recommended, the compound is not recommended. For these reasons, the request for Diclofenac/Lidocaine cream (3%/5%) 180 gm is not medically necessary.