

Case Number:	CM14-0142003		
Date Assigned:	09/10/2014	Date of Injury:	08/01/2012
Decision Date:	10/21/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/02/2014

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 and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 56-year-old female was reportedly injured on 8/1/2012. The mechanism of injury was noted as a lifting injury. The most recent progress note, dated 8/18/2014, indicated that there were ongoing complaints of neck and right upper extremity pains. The physical examination demonstrated bilateral wrists had negative Tinel's test bilaterally. Sensory and motor exam was intact. Full range of motion was in the hands, wrists, elbows, and shoulders bilaterally. Sensation diminished throughout the entirety of both upper extremities. Diagnostic imaging studies included an magnetic resonance imaging (MRI) of the cervical spine, dated 8/7/2014, which revealed moderate bilateral neural foraminal narrowing with mild central canal stenosis and spondylosis of C5-C6. Previous treatment included medications, heating pack, and conservative treatment. A request had been made for diclofenac/lidocaine 3%, 5% 180 g and was not certified in the pre-authorization process on 8/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

DICLOFENAC/LIDOCAINE (3%/5%) 180G: Upheld

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

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

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines, the only topical analgesic medications indicated for usage include anti-inflammatories, lidocaine, and capsaicin. There is no known efficacy of any other topical agents. Per the California Medical Treatment Utilization Schedule (MTUS), when one component of a product is not necessary, the entire product is not medically necessary. Considering this, the request for pain relieving cream is not medically necessary.