

Case Number:	CM14-0146709		
Date Assigned:	09/12/2014	Date of Injury:	10/29/2008
Decision Date:	11/20/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/09/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 patient is a 49-year-old male with an injury date of 10/29/2009. Based on the 06/30/2014 progress report, the patient complains of having lumbar spine pain which he rates as a 7/10 and also has right knee pain, which he rates as an 8/10. His pain radiates into his cervical spine. The patient is currently not working. In regards to the lumbar spine, there is tenderness to palpation and a limited range of motion in all planes. In regards to the right knee, there was evidence of an extensive skin graft. The 07/25/2014 progress report indicates that the patient's leg pain is localized in the knees and legs. He complains of lower lumbar pain and tenderness that radiates up to his upper lumbar spine. The 07/10/2014 arthrogram of the right knee revealed: 1. Articular cartilage degenerative changes overlying the medial femoral condyle, without full thickness chondral defect. 2. Medial extrusion of the body and anterior horn of the medial meniscus, although no definite meniscal tear is noted at this time. The patient's diagnoses per 07/28/2014 progress report are the following: 1. Traumatic injury of the right lower extremity, status post-surgery and skin grafting. 2. Right knee meniscal tear, status post arthroscopy. 3. Recurrent right knee pain. 4. Acute lumbar strain, rule out disk herniation. 5. Right ankle sprain/strain, rule out internal derangement. The utilization review determination being challenged is dated 08/25/2014. Treatment reports were provided from 03/31/2014 - 07/28/2014.

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 180gm: Upheld

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

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

Decision rationale: Based on the 07/28/2014 progress report, the patient complains of lumbar spine pain and right knee pain. The request is for Diclofenac/Lidocaine cream 3%/5 180 g. The first indication of Diclofenac/Lidocaine cream was mentioned on the 07/28/2014 report. MTUS Guidelines provide a clear discussion regarding topical compounded creams. It does not support the use of topical non-steroidal anti-inflammatory drug (NSAIDs) for axial/spinal pain, but supports it for peripheral joint arthritis and tendinitis. There is no indication of where the patient will be applying this topical ointment. Therefore, this request is not medically necessary.