

Case Number:	CM14-0173395		
Date Assigned:	10/24/2014	Date of Injury:	07/09/2013
Decision Date:	11/25/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/20/2014

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 Internal Medicine 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 injured worker (IW) is a 56-year-old woman with a date of injury of July 9, 2013. The mechanism of injury was not documented in the medical records submitted for review. Pursuant to the progress note dated August 28, 2014, the IW had complaints of persistent pain to the cervical and lumbar spine. The cervical spine pain caused radiation to the upper extremity. She also described lumbar spine pain with radiation to the lower extremity. The pain had significantly worsened. In regards to the cervical spine pain, she noted a pain level of 8-9/10 as being consistent, becoming 9/10 pain with prolonged neck rotation and motion. Examination of the cervical spine revealed a decrease range of motion. There was positive cervical compression bilaterally, mostly on the left. In regards to the lumbar spine, she noted pain worsening and constant pain rated 8-9/10, becoming 9/10 with any prolonged sitting, standing, bending, and lifting. Examination of the lumbar spine revealed decreased range of motion in all planes with a positive straight leg raise on the left at 60 degrees, and radiation to the posterior and lateral leg/thigh. There was also decreased sensation over the left lateral thigh. There was decreased strength in the left foot plantar and dorsiflexion, and decreased sensation over the lateral thigh on the right as well as the left. She was taking Norco 2 tablets daily and reported improvement in her pain level from 8/10 to 9/10 after taking medication. The pain was made better with therapy and medications. The pain was made worse with prolonged walking and sitting. Diagnoses include: Chronic cervical strain, rule out herniation; chronic lumbar strain, rule out lumbar herniation; and bilateral arm pain. Treatment plan states that a pain management consultation will be requested due to the fact that the IW has failed physical therapy. A TENS unit will also be requested. Consideration will be made for trigger point versus facet versus epidural steroid injections. The IW will continue her home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription drug, brand name: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Chapter, Topical Analgesics

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, the prescription drug, brand name for topical Diclofenac 3% and lidocaine cream 5% 180 g is not medically necessary. The guidelines state topical analgesics are largely experimental with few randomized controlled trial to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Diclofenac gel 1% is indicated for osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, and, in the wrist). It has not been evaluated for treatment of the spine, hip or shoulder. In this case, the injured worker's diagnoses are sprain/strain of the lumbar region. He has complaints referable to the cervical spine that radiate to the upper extremity. Diclofenac gel is not recommended for treatment of the lumbar spine. Any compounded product that contains at least one drug (Diclofenac gel) that is not recommended is not recommended. Consequently, the compounded product Diclofenac gel and lidocaine cream is not recommended. Based on the clinical evidence in the medical record in the peer-reviewed evidence-based guidelines, Diclofenac 3% and Lidocaine cream 5% 180 g brand name is not medically necessary.