

<b>Case Number:</b>	CM13-0011250		
<b>Date Assigned:</b>	06/06/2014	<b>Date of Injury:</b>	07/06/2011
<b>Decision Date:</b>	07/11/2014	<b>UR Denial Date:</b>	07/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/15/2013

### 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 Pain Medicine and is licensed to practice in Texas and Ohio. 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 is a 64-year-old male who reported an injury on 07/06/2011. Mechanism of injury was not provided in the documentation. Per the report dated 05/30/2013, examination of the left shoulder revealed tenderness and positive O'Brien's and Hawkins' tests. Active range of motion for the left shoulder was flexion 140 degrees; strength was 4/5. Per the clinical note dated 07/15/2013, the injured worker reported chronic bilateral knee pain aggravated by numerous activities as well as cold and damp weather. On physical examination, there was anterior tenderness present. Bilateral knees range of motion was from 0 to 130 degrees with pain and crepitation. An MRI of the left shoulder dated 05/16/2013, noted superior labral anterior/posterior tear. Electrodiagnostic study dated 05/21/2013 reported abnormal nerve conduction with right moderate compression of the median nerve at the carpal tunnel, left mild compression of the median nerve at the carpal tunnel and bilateral mild compression of the ulnar nerve at or near the medial epicondyle. The injured worker was noted to have had bilateral carpal tunnel surgery in 1998. The Request for Authorization for medical treatment for the diclofenac flex plus was not provided in the documentation, nor was the provider's rationale for the request for the topical. Previous treatments for the injured worker included physical therapy, chiropractic, and surgery to bilateral wrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DICLOFENAC FLEX PLUS 10%, 10%, 5% #180, DOS: 4/25/13: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

**Decision rationale:** Per California MTUS Guidelines, topical analgesics are recommended as an option; however, they are largely experimental in use, with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compound or product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Diclofenac is indicated for relief of osteoarthritis pain and joints that lend themselves to topical treatment, such as ankle, elbow, foot, hand, knee and wrist. It has not been evaluated for treatment of the spine, hip, or shoulder. There is no evidence for use of muscle relaxants such as cyclobenzaprine for topical application. Topical lidocaine in the formulation of a dermal patch has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine whether creams, lotions, or gels are indicated for neuropathic pain. Diclofenac flex plus is a compounded medication containing diclofenac, cyclobenzaprine, and lidocaine. There was a lack of documentation regarding the use of this topical and the efficacy of the topical. There was a lack of documentation regarding other medications utilized and the efficacy of those medications. There was a lack of documentation to suggest the injured worker could not tolerate oral medications. There was a lack of documentation regarding a diagnosis of osteoarthritis or neuropathic pain for the injured worker that would suggest the use of these medications. In addition, the request did not specify the proposed site of application for this medication. Therefore, the request for diclofenac flex plus 10%, 10%, 5% #180 (date of service 04/25/2013) is not medically necessary.