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| <b>Case Number:</b>   | CM14-0105153 |                              |            |
| <b>Date Assigned:</b> | 09/16/2014   | <b>Date of Injury:</b>       | 07/08/2011 |
| <b>Decision Date:</b> | 10/15/2014   | <b>UR Denial Date:</b>       | 06/24/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/07/2014 |

### 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 Family 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:

This is a 50-year-old male with a 7/8/11 date of injury. The mechanism of injury occurred during the course of performing his normal job duties as a carpenter. According to a progress report dated 2/14/13, the patient complained of pain in the lumbar spine and difficulty lifting objects and standing/walking for long periods. He rated his pain intensity as a 7. Objective findings: pain and tenderness within the affected body parts upon palpation, restriction of motion within the affected body parts. Diagnostic impression: thoracic/lumbar/cervical sprain/strain, sprain of wrist/hand/knee and leg, thoracic or lumbosacral neuritis or radiculitis, nonallopathic lesions of cervical/thoracic/lumbar region and lower/upper extremities, displacement of cervical intervertebral disc without myelopathy. Treatment to date: medication management, activity modification, physical therapy. A UR decision dated 6/24/14 denied the retrospective request for Prescription drug, generic. - Diclofenac cream, Menthol/Camphor/Caps/Diclofenac, Dextromethorphan/Tram/Amitriptyline. The use of topical/compounded analgesics is unproven as an effective treatment alternative for long-term pain relief, and not supported per evidence-based guideline criteria.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective review for the dates of service from 2/22/2013-2/22/2013. Prescription drug, generic.- Diclofenac cream, Menthol/Camphor/Caps/Diclofenac, Dextromethorphan/Tram/Amitriptyline: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25, 28, 111-113.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in anything greater than a 0.025% formulation, Baclofen, Boswellia Serrata Resin, and other muscle relaxants, and Gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Guidelines do not support the use of opioids (Tramadol) or anticonvulsants (amitriptyline) in a topical formulation. A specific rationale identifying why these topical compound creams would be required in this patient despite lack of guideline support was not provided. Therefore, the request for Retrospective review for the dates of service from 2/22/2013-2/22/2013. Prescription drug, generic. - Diclofenac cream, Menthol/Camphor/Caps/Diclofenac, Dextromethorphan/Tram/Amitriptyline was not medically necessary.