

<b>Case Number:</b>	CM14-0150393		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	02/12/2012
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	08/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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, 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 50-year-old female who reported an injury on 02/12/2012 due to a fall. The injured worker has been diagnosed with L4-5 grade 1 spondylolisthesis, L4-5 herniated intervertebral disc. Past medical treatments included medications, physical therapy, cortisone injections. The diagnostic testing included x-rays of lumbar spine on 02/19/2013, an MRI of the lumbosacral spine on 01/18/2013 and 05/15/2013, a CAT scan (date and site were not provided), electrodiagnostic testing of lower extremities done on 11/06/2012. The injured worker underwent spinal fusion surgery, the date was not provided. The injured worker complained of persistent pain to the lower back on 07/25/2014. The injured worker described the pain to be 7/10 on the pain scale. The physical examination revealed decreased range of motion to the lumbar spine with tenderness over the paraspinal muscles. Medications were not provided. The treatment plan was for compound diclofenac 3%, lidocaine 5% 180 grams. The rationale for the request was not submitted. The Request for Authorization form was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound - Diclofenac 3%, Lidocaine 5% 180gm:** Upheld

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

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

**Decision rationale:** The request for Compound - Diclofenac 3%, Lidocaine 5% 180gm is not medically necessary. The injured worker complained of persistent pain to the lower back on 07/25/2014. The injured worker described the pain to be 7/10 on the pain scale. The California (MTUS) Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy and safety. The guidelines also state that any compound product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines recommend the use of Lidocaine for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The guidelines note topical NSAIDs are recommended for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder and use with neuropathic pain is not recommended as there is no evidence to support use. There is a lack of documentation demonstrating the injured worker has been treated with first line therapy. There is no indication that the injured worker has a diagnosis of osteoarthritis or tendinitis to a joint amenable to topical treatment. The guidelines do not recommend the use of Lidocaine in cream form for topical application. As the guidelines note any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended, the medication would not be indicated. Additionally, the request does not indicate the frequency at which the medication is prescribed and the site at which it is to be applied in order to determine the necessity of the medication. Given the above, the request for Compound - Diclofenac 3%, Lidocaine 5% 180gm is not medically necessary.