

<b>Case Number:</b>	CM14-0150969		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	11/30/2007
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	08/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2014

### 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 Occupational 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 case of a 51-year-old male who has submitted a claim for right total knee arthroplasty, status post infection and washout; unstable total knee associated with an industrial injury date of 11/30/07. Medical records from 2012 to 2014 were reviewed. Latest progress reports show that the patient still complains of pain that affects his lumbar spine and bilateral knees. The pain is frequent and 4/10. He has been taking Motrin two times a day and Prilosec one tablet a day. He reports improvement in his pain level from 7/10 to 3/10 on a pain scale of 0-10 after medication. Physical examination of the lumbar spine revealed limited range of motion. There was tenderness to palpation and hypertonicity noted over the paraspinal muscles bilaterally. Kemp's test is positive bilaterally. Straight leg raise test was positive on the right at 60 degrees with pain radiating down to the right posterior thigh. Muscle strength was 5/5 in L4, L5, and S1 nerve roots bilaterally. Sensation was normal in the L4, L5, and S1 nerve distributions bilaterally. Deep tendon reflexes are equal and 2+ patellar and Achilles tendon bilaterally. Examination of the right knee revealed range of motion on flexion to 120 degrees and extension normal at 0 degrees. There was tenderness noted over the medial and lateral joint line. Valgus and varus stress test was positive. Muscle strength was 4+/5 in the quadriceps. Review of the gastrointestinal system showed the patient experiences heartburn, nausea, change in bowel habits, constipation, jaundice, and diarrhea. Treatment to date has included therapies, home exercise, surgery, and medications. Medications included Motrin, Prilosec, opioids, Diclofenac/Lidocaine cream, Flurbiprofen, Cyclobenzaprine, Menthol cream, corticosteroid injections and, Kera-Tek gel. Utilization review dated 08/20/2014 denied the requests for Motrin and Diclofenac/Lidocaine topical cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Motrin:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68.

**Decision rationale:** According to CA MTUS Guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. NSAIDs are recommended as a second-line treatment after acetaminophen for acute exacerbations of chronic pain. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute LBP (low back pain). Guidelines recommend 400 mg PO (by mouth) every 4-6 hours as needed for mild to moderate pain. Doses greater than 400 mg have not provided greater relief of pain. In this case, the patient was prescribed Motrin for the relief of pain (earliest document in the submitted records was 01/29/14). However, the patient also has symptoms of heartburn, nausea, and change in bowel habits upon review of systems, which may make Motrin inadvisable for this patient. Furthermore, the request failed to specify the dosage and number of medications to be dispensed. Therefore, the request for Motrin is not medically necessary.

**Diclofenac 3%, Lidocaine 5% topical cream 180 gram:** Upheld

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

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

**Decision rationale:** According to page 111-113 of CA MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Diclofenac is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. Maximum dose should not exceed 32 g per day (8 g per joint per day in the upper extremity and 16 g per joint per day in the lower extremity). No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. In this case, there was no documentation that the oral medications or other conservative measures failed that would warrant use of topical analgesics. There was no discussion that addresses the need for topical

analgesics. The clinical indication for this medication has not been clearly established. The compounded cream contains lidocaine, which is not recommended for topical use. Furthermore, the request failed to specify the number of medications to be dispensed. Therefore, the medical request for Diclofenac 3%, Lidocaine 5% topical cream, 180 gram is not medically necessary.