

<b>Case Number:</b>	CM14-0152698		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	10/10/2012
<b>Decision Date:</b>	11/12/2014	<b>UR Denial Date:</b>	08/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2014

### 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 Interventional Spine 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 patient is a 52 year old male with an injury date of 10/10/12. Per the 04/04/14 report by [REDACTED], the patient presents with lower back pain rated 10/10. Pain is constant, dull and aching with stiffness and spasm and radiates to the buttock area. Examination shows marked decreased range of motion of the lumbar spine with tenderness and spasm over the lower lumbar spine associated with guarding. The patient's diagnoses include: Intractable lumbar pain, Lumbar radiculopathy, History of kyphoplasty. The utilization review being challenged is dated 08/28/14. Reports were provided from 03/07/14 to 06/26/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diclofenac Lidocaine Cream 3%/5% 180 Grams:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine, Topical lidocaine Page(s): 112.

**Decision rationale:** The patient presents with lower back pain with stiffness and spasm rated 10/10 that radiates to the buttock area. The treater requests for Diclofenac (an NSAID)

Lidocaine cream 3%/5% 180 grams. It is unknown how long the patient has been using this medication. MTUS guidelines page 112 state regarding Lidocaine, "Topical lidocaine, in the formulation of a dermal patch (Lidoderm) 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." In this case, MTUS only recommends Lidocaine in patch form; therefore, recommendation is for denial.