

<b>Case Number:</b>	CM14-0152713		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	03/18/2011
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	08/21/2014
<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 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 56 year-old patient sustained an injury on 3/18/11 while employed by [REDACTED]. Request(s) under consideration include Diclofenac/Lidocaine (3%/ 5%), 180g. The patient continues to treat for chronic low back complaints. MRI of lumbar spine dated 4/23/14 showed multi-level disc bulge with neural foraminal narrowing at right L5. Conservative care has included medications, therapy, epidural steroid injections (7/24/14), and modified activities. Report from the provider with request for topical compounded cream on 7/30/14 noted patient with symptoms of low back; compliant with pain contract; unchanged clinical exam presentation; continued on Ultram as well. The request(s) for Diclofenac/Lidocaine (3%/ 5%), 180g was non-certified on 8/21/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diclofenac/Lidocaine (3%/ 5%), 180g:** Upheld

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

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

**Decision rationale:** Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient without contraindication in taking oral medications. There are no evidenced-based studies to indicate efficacy of topical Diclofenac over oral delivery. Submitted reports have not demonstrated any functional improvement, specific pain relief on VAS rating, and change in work status or increase in activities of daily living functions from treatment already rendered to treat this chronic injury. Submitted reports have not adequately documented the indication or medical need for this topical compounded analgesic outside guidelines recommendations. The Diclofenac/Lidocaine (3%/ 5%), 180g is not medically necessary and appropriate.