

<b>Case Number:</b>	CM14-0156811		
<b>Date Assigned:</b>	09/26/2014	<b>Date of Injury:</b>	10/19/2009
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	09/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2014

### 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 Emergency 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:

The patient reported date of injury on 10/19/2009. No mechanism of injury was provided for review. The patient has a diagnosis of chronic back pain neck and low back pain; degenerative disc disease of cervical spine and lumbar spine; and knee arthritis. Medical reports reviewed. Last report available until 8/29/14. The patient complains of cervical, thoracic and lumbar pains. Also has bilateral shoulder pains. Pain is 6-8/10. Objective exam reveals mild decreased range of motion (ROM) of cervical spine, tenderness over paraspinal muscles, positive Kemp's sign bilaterally, normal strength and sensation bilaterally. R shoulder exam revealed mild decreased ROM. Positive Neer's and Hawkins for impingement. Positive acromioclavicular joint pain. The patient has 4/5 strength with flexion and abduction. No imaging or electrodiagnostic reports were provided for review. The patient is reportedly on no pain medications except for topicals at present due to prior side effects. The patient reportedly had undergone chiropractic and TENS. Independent Medical Review is for Diclofenac/Lidocaine 3/5% #180g. Prior UR on 9/15/14 recommends not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diclofenac/Lidocaine 3/5%, 180gm:** Upheld

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

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

**Decision rationale:** The requested product is a compounded cream composed of multiple medications. As per MTUS guidelines, "Any compounded product that contain one drug or drug class that is not recommended is not recommended." 1) Diclofenac: Topical NSAIDs like diclofenac have poor evidence to support its use but may have some benefit. Diclofenac is has evidence for its use in in joints that lend itself for treatment such as knees, elbows, ankles etc but has no evidence to support its use for the shoulder, spine or hip. Patient's may be using Flector appropriately but as per MTUS Guidelines, the use of Flector patches for patient's back pain and shoulder is not supported by evidence and is not medically necessary. 2) Lidocaine: Only recommended for neuropathic pain. No documentation on where this is to be used. There is no proper exam consistent with neuropathic pain. Not recommended. Both active ingredients are not recommended therefore this compounded product is not medically necessary.