

<b>Case Number:</b>	CM14-0162326		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	07/06/2009
<b>Decision Date:</b>	11/24/2014	<b>UR Denial Date:</b>	09/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2014

### 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:

This patient is a 38 year old male with a date of injury of 7/6/2009. The listed diagnoses per [REDACTED] are right shoulder rotator cuff syndrome, right shoulder painful rotator cuff tear, chronic cervical strain, rule of fibromyalgia, gastropathy, stress and anxiety. According to progress report 9/12/14, the patient presents with neck, low back, bilateral hip and bilateral shoulder pain. The pain is made better with therapy and medications. Examination of the shoulder spine revealed tenderness over the lateral and anterior compartments with limited abduction and internal rotation. Examination of the cervical spine revealed tenderness to palpation with limited bilateral rotation due to pain. Examination of the lumbar spine revealed tenderness to palpation with limited flexion due to pain. The patient continues with modified work duty. The treater is requesting authorization for topical Diclofenac/Lidocaine cream. Utilization review denied the request on 9/25/14. Treatment reports from 4/21/14 through 9/12/14 were provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Diclofenac/Lidocaine (3%/5%) 180g (unspecified quantity and days supply) for the management of symptoms related to cervical, lumbar, bilateral shoulder and bilateral hip injury.: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113 of 127.

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

**Decision rationale:** This presents with neck, low back, bilateral hip and bilateral shoulder pain. The treater is requesting authorization for topical Diclofenac/Lidocaine cream "in effort to alleviate his current symptoms and transition him down from the stronger oral narcotic medication." The MTUS Guidelines page 111 has the following regarding topical creams, "Topical analgesics are largely experimental and use with few randomized control trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." Per MTUS Guidelines, lidocaine is only allowed in a patch form and not allowed in a cream, lotion, or gel forms. Therefore, the entire compound cream is not supported. The request is not medically necessary.