

<b>Case Number:</b>	CM14-0165157		
<b>Date Assigned:</b>	10/10/2014	<b>Date of Injury:</b>	03/18/2014
<b>Decision Date:</b>	12/22/2014	<b>UR Denial Date:</b>	09/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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 Pain 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 injured worker is a 73-year-old male who reported an injury on 03/18/2014. Working as a lab technician, he sustained injuries to his right shoulder and right elbow, with pain radiating to the right hand. The injured worker's treatment history included MRI arthrogram of the right shoulder, medications, topical analgesics, and request for physical therapy. Diagnoses included status post right shoulder rotator cuff tear. Injured worker was evaluated on 07/24/2014 and it was documented that the injured worker complained of right shoulder, right elbow, right hand and right arm pain. Pain of his right shoulder was rated at 6/10, constant and improved; he rates his right elbow and right hand pain at 6/10 intermittent and improved. He takes Norco 3 as needed and reports improvement in his pain level from 6/10 to 2/10 to 3/10 on the pain scale after taking medication. The pain was made better with rest and medications. The pain was made worse with repetitive movement, lifting, and sleeping on the right side. The patient has undergone right shoulder rotator cuff repair and had been using a sling. However, the injured worker does look frustrated due to there being no improvement. He was continuing to do his Codman's exercises daily and does note some slight increase in motion. The injured worker notes no complications from the surgery, no redness, and no signs of infection. The injured worker was tolerating the postsurgical course with the medications. Objective findings of a right shoulder revealed slightly decreased range of motion in all planes, 50% to 75%. The wound does appear to be healing well. The plan included authorization for Diclofenac, Lidocaine Cream 3%/ 5%. Request for Authorization dated 08/04/2014 was for diclofenac/lidocaine cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diclofenac /Lidocaine (3%/5%) 180 grams:** 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; Diclofenac, Lidocaine Page(s): 111-112.

**Decision rationale:** The requested is not medically necessary. California MTUS indicates Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety, are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. 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. The California MTUS guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica). No other commercially approved topical formulations of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. The injured worker's diagnosis was not congruent with the guideline recommendations for topical NSAIDs. The provider's request for Diclofenac/Lidocaine did not include the site at which the cream was intended for or the frequency of the medication. As such, the request for diclofenac /lidocaine (3%/5%) 180 grams is not medically necessary.