

<b>Case Number:</b>	CM14-0183772		
<b>Date Assigned:</b>	11/10/2014	<b>Date of Injury:</b>	04/23/2012
<b>Decision Date:</b>	12/30/2014	<b>UR Denial Date:</b>	10/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2014

### 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 Occupational 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:

This is a 48 year old male with a date of injury of 4/23/12. The mechanism of injury occurred to his back while working as a maintenance worker performing heavy lifting, pulling, and other repetitive motions. On 10/30/14, his current medications included Neurontin, Prilosec, Flexeril, and Oxycodone. It was noted his Percocet was discontinued due to new onset of Hep C, and he was unable to take Acetaminophen. On 9/29/14 he complained of severe lumbar spine pain radiating to both legs, right worse than left. He rated his lumbar spine pain at 9/10. On exam of the lumbar spine revealed tenderness to palpation over the lumbar paraspinal muscle bilaterally. ROM was restricted. The patient ambulated with a cane for gait stability. The diagnostic impression was low back pain, lumbar disc displacement, and lumbar radiculopathy. Treatment to date: physical therapy, medication management, lumbar ESI, lumbar spine brace. A UR decision dated 10/22/14 denied the request for Diclofenac/Lidocaine 3%/5% cream. The Diclofenac/Lidocaine cream was denied because guidelines do not support compounded medications including Ketoprofen, Lidocaine (in creams, lotions or gels), capsaicin in a 0.0375% formulation, Baclofen and other muscle relaxants and other Gabapentin and other anti-epilepsy drugs for topical applications.

### 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%, 180g:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Boswellia Serrata Resin, Capsaicin, Topical Analgesic Page(s): 25, 28, 111-113.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in anything greater than a 0.025% formulation, Baclofen, Boswellia Serrata Resin, and other muscle relaxants, and Gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. However, Lidocaine in creams or lotions is not recommended by guidelines. Guidelines state that any compounded product that contains at least one drug that is not recommended is not recommended. There was no documentation of the rationale for use or efficacy of this compounded medication. Therefore, the request for Diclofenac/Lidocaine cream 3%/5%, 180g was not medically necessary.