

<b>Case Number:</b>	CM14-0021173		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	11/07/2007
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	01/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2014

### 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 Anesthesiology has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 41-year-old female patient with an 11/7/07 date of injury. A progress report dated on 9/11/13 indicated that the patient complained of pain in her lower back, 7-8/10. Her pain limited her daily activities. The pain from her lower back radiated to the lower extremities. She also complained of pain in the thoracic spine pain. Objective findings revealed moderate tenderness to palpation to the lumbar paraspinal muscles and severely limited range of motion in the lumbar spine. She was diagnosed with Chronic low back pain, Lumbar radiculopathy, History of bilateral avascular necrosis of the hips and depression related to chronic pain. Treatment to date included: medication management. There is documentation of a previous 1/30/14 adverse determination. The decision for denial was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DICLOFENAC 15%-GABAPENTIN 10%-LIDOCAINE 10%:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Boswellia Serrata Resin, Capsaicin, Topical Analgesics 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.. However, the guidelines do not recommend Gabapentin for topical application. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended for use. There is no specific rationale provided as to why the patient needs this medication despite lack of guidelines support. Therefore, the request for Diclofenac 15%-Gabapentin 10%-Lidocaine 10% is not medically necessary.