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| <b>Case Number:</b>   | CM14-0034024 |                              |            |
| <b>Date Assigned:</b> | 06/20/2014   | <b>Date of Injury:</b>       | 03/22/2001 |
| <b>Decision Date:</b> | 07/30/2014   | <b>UR Denial Date:</b>       | 02/18/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/18/2014 |

### 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 22, 2001. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; topical compounds; and transfer of care to and from various providers in various specialties. In a February 18, 2014 utilization review report, the claims administrator denied a request for topical compounded diclofenac-lidocaine containing cream. The claims administrator did not, however, incorporate cited guidelines into its rationale and did suggest that the applicant had some history of peptic ulcer disease. In an April 23, 2014 progress note, the applicant was described as having discontinued Duragesic. The applicant was using Norco on a limited basis for pain relief. The applicant stated that the Cymbalta was working well in terms of improving her mood and pain levels. The applicant was also using medical marijuana, it was stated. The applicant also incidentally had an issue of cocaine abuse, it was stated. The applicant's work status was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound cream Diclofenac 5% Lidocaine 5% 3 times day as needed 100mg one per month 12 month supply: Upheld**

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

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

**Decision rationale:** As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesic, as a class, are largely experimental, and/or are primarily indicated for neuropathic pain when antidepressants and/or anticonvulsants have been attempted and/or failed. In this case, however, the applicant's seemingly ongoing, successful usage of the Cymbalta, an antidepressant adjuvant medication, effectively obviates the need for the largely experimental diclofenac containing cream. Therefore, the request is not medically necessary.