

<b>Case Number:</b>	CM14-0044438		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	08/16/2013
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	03/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/11/2014

### 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 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 56-year-old female who reported an injury on 08/26/2013. The mechanism of injury was not provided within the medical records. The clinical note dated 04/16/2014 indicated diagnoses of acute low back strain rule out HNP, possible lumbar radiculopathy, right sacroiliitis, and facet arthropathy at L3-4 and L4-5. The injured worker reported she was status post facet medial branch block to the bilateral L4-5 and L5-S1 and the injured worker reported it provided 50% relief of her pain for about 8 to 10 hours after the injection. The injured worker reported worsened pain to the back that she felt prior to the injection. The injured worker continued to complain of aching lower back pain that radiated toward the right buttock rated at 7/10, aggravated by bending forward. The injured worker denied pain, numbness, or tingling in the bilateral lower extremities. The injured worker reported she was currently taking Norco and the Norco helped increase her function and increase her ability to perform activities around the house. The injured worker reported she also used LidoPro cream, which helped her relax and take less pain medication. She reported Diclofenac ER helped decrease her pain but that it irritated her stomach. She was interested in trying a different anti-inflammatory. On physical examination, the injured worker ambulated with a slightly antalgic gait; however, she had a normal heel and toe walk. She had tenderness to palpation of her lumbar spine at the paraspinal musculature, right greater than left, as well as over the lumbar facet joint and right sacroiliac joint. The injured worker had decreased range of motion throughout all planes of her lumbar spine with pain elicited with extension of the lumbar spine. The injured worker's treatment plan included follow-up in 6 weeks for re-evaluation. The injured worker's prior treatments included diagnostic imaging, surgery, and medication management. The injured worker's medication regimen included LidoPro topical ointment, Norco, Omeprazole, and Naproxen. The provider submitted a request for LidoPro cream. A

Request for Authorization dated 03/23/2014 was submitted for LidoPro cream; however, a rationale was not provided for review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Lidopro topical ointment 4oz #1 tube QTY: 1: Upheld**

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

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

**Decision rationale:** The request for Lidopro topical ointment 4oz #1 tube QTY: 1 is not medically necessary. The California MTUS guidelines indicate that topical analgesics are largely experimental in use with few randomized control 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. It was not indicated if the injured worker had tried and failed antidepressants or anticonvulsants. In addition, Lidopro cream contains Capsaicin, Lidocaine, Menthol, and Methyl Salicylate. It was not indicated if the injured worker was intolerant to other treatments. Moreover, the guidelines indicate that Lidocaine is recommended in the form of the dermal patch Lidoderm. No other commercially-approved topical formulations of Lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain. Per the guidelines, any compounded product that contains at least 1 drug (or drug class) that is not recommended, is not recommended. Additionally, the request does not indicate a frequency for the medication. Therefore, the request is not medically necessary.

#### **Diclofenac sodium ER 100mg #60 (Voltaren ER): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

**Decision rationale:** The request for Diclofenac Sodium ER 100mg #60 (Voltaren ER) is not medically necessary. The CA MTUS Guidelines state NSAIDs are generally recommended at the lowest dose for the shortest period of time. They are recommended as an option for short-term symptomatic relief of chronic low back pain. The medical records provided indicate the injured worker had been taking Diclofenac ER since at least 12/18/2013. The injured worker reported the requested medication irritated her stomach and that she wished to try a different anti-inflammatory medication. The rationale for the request for Diclofenac ER was not provided. Given the injured worker's adverse effects and long-term use, the request is not supported. In

addition, the request does not specify a frequency. As such, the request for Diclofenac Sodium ER 100mg #60 (Voltaren ER) is not medically necessary.