

<b>Case Number:</b>	CM14-0177679		
<b>Date Assigned:</b>	10/31/2014	<b>Date of Injury:</b>	09/14/2012
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	10/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 patient is a 54 year old male with an injury date on 09/14/2012. Based on the 08/22/2014 progress report provided by the treating physician, the diagnoses are: 1. Right carpal tunnel syndrome 2. Left cubital tunnel syndrome 3. Left lower extremity lumbar radiculopathy at L5 per EMG dated 04/23/2013 4. Chronic lumbar strain with disc herniation 5. Cervical and thoracic sprain/strain According to this report, the patient complains of pain at the lumbar spine, bilateral wrists, and bilateral hand. The patient rated the pain as an 8/10 that is constant and unchanged from previous visit. Physical exam reveals tenderness at the cervical/lumbar midline and trapezius muscles. Range of motion of the cervical and lumbar spine is restricted due to pain. Compression test and Spurling's test are positive. The treatment plan is continue with chiropractic treatment, consultation with [REDACTED], and request for Dldofenac/Lidocaine cream (3%/5%). The patient's work status is 'remain off work until 08/14/2014 to 09/08/2014.' There were no other significant findings noted on this report. The utilization review denied the request for Diclofenac/Lidocaine cream on 10/06/2014 based on the MTUS guidelines. The requesting physician provided treatment reports from 05/14/2014 to 09/29/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diclofenac/ Lidocaine 3%/5% Cream 180gm: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

**Decision rationale:** According to the 08/22/2014 report, this patient presents with pain at the lumbar spine, bilateral wrists, and bilateral hand. The current request is for Diclofenac/Lidocaine 3%/5% cream 180 gm. Regarding Topical Analgesics, MTUS page 111 states, 'Any compounded product that contains at least one (or drug class) that is not recommended is not recommended.' MTUS further states Lidocaine is only allowed in a patch form and not allowed in cream, lotion or gel forms. The current request IS NOT medically necessary.