

<b>Case Number:</b>	CM14-0186016		
<b>Date Assigned:</b>	11/13/2014	<b>Date of Injury:</b>	12/16/2012
<b>Decision Date:</b>	01/06/2015	<b>UR Denial Date:</b>	10/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2014

### 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 Preventive 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:

According to the records made available for review, this is a 35-year-old male with a 12/16/12 date of injury. At the time (10/3/14) of the request for authorization for Diclofenac/Lidocaine cream (3%-5%) 180 grams and Kera-Tek analgesic cream, 4 oz, there is documentation of subjective (neck, lower back, and bilateral shoulder pain) and objective (decreased cervical spine range of motion, tenderness was noted over the trapezius and paraspinals, shoulder depression test was positive, slightly decreased lumbar spine range of motion, tenderness to the paraspinals, right shoulder limited range of motion, positive Neer's impingement and Hawkins impingement test) findings, current diagnoses (exacerbation of the right shoulder symptoms, cervical spine multilevel disc desiccation, broad-based disc protrusion at C3-4 with annular tear, multilevel disc protrusion from L4-S1 without significant impingement exiting nerve roots, right shoulder impingement syndrome, and right elbow strain improved), and treatment to date (medication and physical therapy). Regarding Kera-Tek analgesic cream, 4 oz, there is no documentation of neuropathic pain and that trials of antidepressants and anticonvulsants have failed.

### 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%) 180 grams:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints.

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

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in a 0.0375% formulation, Baclofen and other muscle relaxants, and Gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of exacerbation of the right shoulder symptoms, cervical spine multilevel disc desiccation, broad-based disc protrusion at C3-4 with annular tear, multilevel disc protrusion from L4-S1 without significant impingement exiting nerve roots, right shoulder impingement syndrome, and right elbow strain improved. However, the requested Diclofenac/Lidocaine cream (3%-5%) 180 grams contains at least one drug (lidocaine) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Diclofenac/Lidocaine cream (3%-5%) 180 grams is not medically necessary.

**Kera-Tek analgesic cream, 4 oz:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints.

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

**Decision rationale:** Kera-Tek contains menthol and methyl salicylate gel. MTUS Chronic Pain Medical Treatment Guidelines identifies that topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, as criteria necessary to support the medical necessity of topical analgesics. Within the medical information available for review, there is documentation of diagnoses of exacerbation of the right shoulder symptoms, cervical spine multilevel disc desiccation, broad-based disc protrusion at C3-4 with annular tear, multilevel disc protrusion from L4-S1 without significant impingement exiting nerve roots, right shoulder impingement syndrome, and right elbow strain improved. However, there is no documentation of neuropathic pain and that trials of antidepressants and anticonvulsants have failed. Therefore, based on guidelines and a review of the evidence, the request for Kera-Tek analgesic cream, 4 oz is not medically necessary.