

<b>Case Number:</b>	CM14-0188929		
<b>Date Assigned:</b>	11/19/2014	<b>Date of Injury:</b>	02/05/2004
<b>Decision Date:</b>	01/07/2015	<b>UR Denial Date:</b>	10/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2014

### 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 53-year-old male with a 2/5/04 date of injury. At the time (10/21/14) of the Decision for Retrospective request for Amitriptyline/Tramadol/Pencream (dates of service 01/25/2011, 04/19/2011 & 06/21/2011) # 240 grams and 60 grams and Retrospective request for Diclofenac 30/ Pencream (dates of service 01/25/2011, 04/19/2011 and 06/21/2011) , there is documentation of subjective (radiating low back pain) and objective (paralumbar musculature spasms, limited range of motion of the lumbar spine, and positive sciatic stretch sign) findings, current diagnoses (multilevel lumbar spine disc protrusion, L5 bilateral radiculopathy, and depression), and treatment to date (medications (including ongoing treatment with Norco, Naproxen, Cymbalta, and Tizabidine)). Regarding Retrospective request for Amitriptyline/Tramadol/Pencream, there is no documentation that trials of antidepressants and anticonvulsants have failed. Regarding Retrospective request for Diclofenac 30/ Pencream, there is no documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist), short-term use (4-12 weeks), and failure of an oral NSAID or contraindications to oral NSAIDs.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Amitriptyline/Tramadol/Pencream (dates of service 01/25/2011, 04/19/2011 & 06/21/2011) # 240 grams and 60 grams: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**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 topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. In addition, before the requested medications can be considered medically appropriate, it is reasonable to require documentation of which specific medications are being requested and for which diagnoses/conditions that the requested medications are indicated. Within the medical information available for review, there is documentation of diagnoses of multilevel lumbar spine disc protrusion, L5 bilateral radiculopathy, and depression. In addition, there is documentation of neuropathic pain. However, given documentation of ongoing treatment with Cymbalta, there is no documentation that trials of antidepressants and anticonvulsants have failed. Therefore, based on guidelines and a review of the evidence, the request for Retrospective request for Amitriptyline/Tramadol/Pencream (dates of service 01/25/2011, 04/19/2011 & 06/21/2011) # 240 grams and 60 grams is not medically necessary.

**Retrospective request for Diclofenac 30/ Pencream (dates of service 01/25/2011, 04/19/2011 and 06/21/2011):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Worker's Compensation, Pain Procedure Summary (last updated 10/02/2014)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory agents (NSAIDs) Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Diclofenac sodium

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist) and short-term use (4-12 weeks), as criteria necessary to support the medical necessity of Diclofenac Sodium 1.5%. ODG identifies documentation of failure of an oral NSAID or contraindications to oral NSAIDs and used as second line treatment, as criteria necessary to support the medical necessity of Diclofenac Sodium Gel. Within the medical information available for review, there is documentation of diagnoses of multilevel lumbar spine disc protrusion, L5 bilateral radiculopathy, and depression. In addition, there is documentation of Diclofenac used as a second line treatment. However, there is no documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). In addition, given documentation of a request for Retrospective request for Diclofenac 30/ Pencream (dates of service 01/25/2011, 04/19/2011 and 06/21/2011), there is no documentation of short term use (4-12 weeks). Furthermore, given documentation of ongoing treatment with Naproxen, there is no documentation of failure of an oral NSAID or contraindications to oral NSAIDs. Therefore, based on guidelines and a review of

the evidence, the request for Retrospective request for Diclofenac 30/ Pencream (dates of service 01/25/2011, 04/19/2011 and 06/21/2011) is not medically necessary.