

<b>Case Number:</b>	CM14-0189047		
<b>Date Assigned:</b>	11/19/2014	<b>Date of Injury:</b>	09/13/2013
<b>Decision Date:</b>	01/08/2015	<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 Family Practice 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:

57 year old female claimant sustained a work injury on 9/13/13 involving the neck, back, hands and knees. She was diagnosed with chronic lumbar strain, trapezial strain, knee derangement and acute stress disorder. She had undergone therapy. A progress note on 5/7/14 indicated the claimant had pain in the involved areas. She had generalized axial spine tenderness and painful range of motion. The shoulders and wrists had limited range of motion. She was recommended to use a TENS unit along with Motrin and topical Kera- Tek gel. Subsequent progress note indicated similar exam findings and continuation of topical analgesics. A request was made in October 2014 for us of topical Diclofenac/Lidocaine for pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diclofenac/lidocaine 3%/5% 180 gm:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

**Decision rationale:** Topical analgesics are recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or

safety. 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. According to the guidelines, topical lidocaine is recommended for diabetic neuropathy and post-herpetic neuralgia. Topical opioids are not mentioned. Topical NSAIDs such as Diclofenac are recommended for 4-12 weeks for osteoarthritis. In this case, the use of the above medication did not apply to the approved diagnoses. In addition, length of future use was not specified. Location of use was not specified. The topical Diclofenac/Lidocaine is not medically necessary.