

<b>Case Number:</b>	CM14-0199502		
<b>Date Assigned:</b>	12/09/2014	<b>Date of Injury:</b>	03/26/2012
<b>Decision Date:</b>	01/23/2015	<b>UR Denial Date:</b>	10/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/27/2014

### 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. The expert reviewer is Board Certified in Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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:

This 57 year old woman sustained an industrial injury on 3/26/2012. The mechanism of injury was not described. Current diagnoses include right shoulder rotator cuff tear and subacromial impingement with arthroscopic repair. There are no radiological tests to review or results submitted or referred to in notes. Treatment has included oral and topical medications, physical therapy, and surgical intervention. PR-2 from the orthopedic surgeon dated 10/10/2014 state that the worker continues to complain of pain to the cervical spine, left shoulder, and bilateral lower extremities five months after the right shoulder repair. However, the worker's pain rating is noted to be improved and is documented as high as 8/10 and currently down to 3/10 with rest and Norco. Tenderness was noted in the subacromial space, range of motion was decreased, and testing was positive including Hawkin's impingement, Neer's impingement, and Apprehension tests. A 20 pound restriction was in force. The physician states that he is going to refill medications and add topical diclofenac/lidocaine cream for additional pain control in light of her gastrointestinal complaints. However, there is no description of gastrointestinal ailments, dosage, frequency, or location to apply the cream included. On 10/24/2014, Utilization Review evaluated a prescription for diclofenac 3%/lidocaine 5% cream, 180g. The UR physician noted that there was no documentation of intolerance to or contraindication of the medications included. Also, there was no trial of antidepressant medications documented. The request was denied and subsequently appealed to Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diclofenac 3%/Lidocaine 5% cream, 180g:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

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

**Decision rationale:** The requested topical analgesic is formed by the combination Diclofenac 3% / Lidocaine 5%. According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The topical analgesic contains diclofenac not recommended by MTUS as a topical analgesic. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. There is no documentation that the patient developed neuropathic pain. Therefore, the request for this topical analgesic is not medically necessary.