

<b>Case Number:</b>	CM14-0200824		
<b>Date Assigned:</b>	12/11/2014	<b>Date of Injury:</b>	09/28/2012
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	11/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 injured worker is a 38 year old male, who sustained an industrial injury on 9/28/2012. The diagnoses have included mild thoracic non compressive disc herniations and severe exacerbation of symptoms. Treatment to date has included medications, activity restriction, injections, physical therapy, home exercise and TENS unit. Magnetic resonance imaging (MRI) of the lumbar spine dated 1/09/2014 revealed normal findings. EMG (electromyography)/NCV (nerve conduction studies) dated 3/28/2014 revealed a normal study. Currently, the IW complains of persistent pain in the neck, mid back and low back. The pain was rated as 8/10 without medications and 3-5/10 with medications. Objective findings included tenderness over the paraspinals of the thoracic spine, right greater than left with hypertonicity on the right as well as decreased range of motion. There is tenderness over the paraspinals of the lumbar spine bilaterally with decreased range of motion. Kemp's test is positive bilaterally. There was decreased strength bilaterally at L4-5 and normal at 5/5 bilaterally at S1. There was decreased sensation bilaterally at L4-5 and normal at 5/5 bilaterally at S1. Deep tendon reflexes were 1++ at the patella and Achilles tendons bilaterally. The medications listed are Tramadol, Ibuprofen and Topical cream. On 11/06/2014, Utilization Review non-certified a request for Diclofenac 3%/Lidocaine 5% 180g cream noting that per the guidelines NSAIDs are indicated for short term use. The MTUS was cited. On 12/01/2014, the injured worker submitted an application for IMR for review of Diclofenac 3%/Lidocaine 5% 180g cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 67-73, 111-113. Decision based on Non-MTUS Citation Official Disability GuidelinesPain Chapter. Topical analgesic cream.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that topical analgesic products can be utilized for the treatment of localized pain when standard treatment with oral medications are contraindicated or have failed. The records indicate that the patient is utilizing NSAIDs in both oral and topical formulations. The use of multiple NSAIDs is associated with increased risk of cardiac, renal and gastrointestinal complications. The records did not show that the patient could not tolerate oral NSAIDs. The guidelines recommend that topical Lidocaine products can be utilized as second line options in the treatment of localized neuropathy pain such as CRPS. The records show that the diagnoses are musculoskeletal pain located in the spine and extremities not neuropathic pain. The criteria for the use of Diclofenac 3%/Lidocaine 5% 180gm cream was not met.