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| <b>Case Number:</b>   | CM15-0015000 |                              |            |
| <b>Date Assigned:</b> | 02/03/2015   | <b>Date of Injury:</b>       | 04/20/2014 |
| <b>Decision Date:</b> | 04/08/2015   | <b>UR Denial Date:</b>       | 01/26/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/27/2015 |

### 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: California, District of Columbia, Maryland  
 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 58 year old female, who sustained an industrial injury on 4/20/2014. She reported pain in the right shoulder and lower back. Diagnoses include right shoulder strain with impingement, lumbar radiculopathy, cervical pain, headaches and depression. Treatments to date include physical therapy, chiropractic care and medication management. A progress note from the treating provider dated 1/12/2015 indicated the injured worker reported increased neck and back pain. On 1/26/2015, Utilization Review non-certified the request for a compound cream containing Diclofenac 10% and Lidocaine 5%, citing MTUS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound cream 10% diclofenac w/ 5% lidocaine 360gm QTY: 1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines p112 states "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The medical records submitted for review do not indicate that there has been a trial of first-line therapy (tri-cyclic or SNRI antidepressants or an AED). There is also no diagnosis of diabetic neuropathy or post-herpetic neuralgia. As such, lidoderm is not recommended at this time. The request is not medically necessary.