

<b>Case Number:</b>	CM15-0130567		
<b>Date Assigned:</b>	07/17/2015	<b>Date of Injury:</b>	04/23/2015
<b>Decision Date:</b>	08/12/2015	<b>UR Denial Date:</b>	06/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

### 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 (IW) is a 58 year old female who sustained an industrial injury on 04/23/2015. She reported left wrist pain after lifting heavy charts. The injured worker was diagnosed as having left wrist strain. Treatment to date has included medication, X-ray (04/54/2015), and physical therapy. Currently, the injured worker complains of pain in the left wrist and thumb. Objectively, the left wrist has decreased range of motion, pain with palpation, swelling at the base of the thumb, no muscle spasm, bone crepitation and no change in neurosensory loss. Medications include Motrin. The plan of care includes a recheck in one week, referral to orthopedics, and modified work instruction. A request for authorization is made for the following: DGL cream (Diclofenac 1 5%/Gabapentin 10% and Lidocaine 10%) (gm) QTY: 240.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DGL cream (Diclofenac 1 5%/Gabapentin 10% and Lidocaine 10%) (gm) QTY: 240:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

**Decision rationale:** MTUS and ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed". The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended". MTUS states that topical Gabapentin is "Not recommended" and further clarifies, "antiepilepsy drugs: There is no evidence for use of any other antiepilepsy drug as a topical product". As such, the request for DGL cream (Diclofenac 1 5%/Gabapentin 10% and Lidocaine 10%) (gm) QTY: 240 is not medically necessary.