

<b>Case Number:</b>	CM15-0145142		
<b>Date Assigned:</b>	08/06/2015	<b>Date of Injury:</b>	10/19/1995
<b>Decision Date:</b>	09/22/2015	<b>UR Denial Date:</b>	07/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 is a 61-year-old female, who sustained an industrial injury on 10-19-1995. The injured worker is currently permanent and stationary. The injured worker is currently diagnosed as having chronic low back pain, status post global fusion at L4 to S1, status post removal of posterior hardware, and lumbar spondylosis. Treatment and diagnostics to date has included lumbar radiofrequency ablation, home exercise program, and use of medications. In a progress note dated 07-13-2015, the injured worker reported back pain. The physician noted that a lumbosacral spine MRI dated 07-14-2010 showed increased signal posterior to L5 foramina and postoperative changes. Objective findings included lumbar spine tenderness, positive straight leg raise test, and moderated amount of secondary myofascial pain with joint tenderness and triggering. The treating physician reported requesting authorization for Diclofenac-Gabapentin-Lidocaine-Prilocaine in Lipoderm active max cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diclofenac 5%/Gabapentin 8%/Lidocaine 2.5%/Prilocaine 2.5%/in Lipoderm active max cream Qty 1.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG online, Topical analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** The MTUS Guidelines strongly emphasize that any compound product that contains at least one drug or drug class that is not recommended is itself not recommended. The requested medication is a compound containing medications in the non-steroidal anti-inflammatory, anti-seizure, and anesthetic classes. The MTUS Guidelines do not recommend topical gabapentin because the literature is not sufficient to support its use. The MTUS Guidelines recommend topical lidocaine for localized pain after first-line treatment has failed to manage it sufficiently; they do not support the use of topical prilocaine. Only the dermal patch is FDA-approved and recommended by the Guidelines. The MTUS Guidelines recommend topical NSAIDs to treat pain due to osteoarthritis and tendonitis but not neuropathic pain. Use is restricted to several weeks because benefit decreases with time. It is specifically not recommended for use at the spine, hip, or shoulder areas. Diclofenac 1% is the medication and strength approved by the FDA. There was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for an indefinite supply of a cream containing 5% diclofenac, 8% gabapentin, 2.5% lidocaine, and 2.5% prilocaine in a lipoderm active max cream is not medically necessary.