

<b>Case Number:</b>	CM15-0148030		
<b>Date Assigned:</b>	08/11/2015	<b>Date of Injury:</b>	06/26/2014
<b>Decision Date:</b>	09/24/2015	<b>UR Denial Date:</b>	07/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 40-year-old male, who sustained an industrial injury on 6-26-2014. He reported left shoulder pain. The mechanism of injury is not indicated. The injured worker was diagnosed as having labral rotator cuff tear and pain left biceps pain, slap tear of the left shoulder, torn left supraspinatus, and ruptured left biceps. Treatment to date has included shoulder arthroscopy (2-10-2015), medications, physical therapy, magnetic resonance imaging of the left elbow (5-21-2015). The request is for compound medication: Diclofenac sodium 360 grams consisting of Diclofenac sodium powder, Lidocaine HCL powder, sterile water solution and Carbitrol liquid in a versatile cream base. On 5-12-2015, he reported ongoing pain to the left acromioclavicular joint and left distal biceps. He is having slow progress with 16 completed physical therapy visits. The treatment plan included magnetic resonance imaging of the left elbow, additional physical therapy and Voltaren gel. He remains off work for additional 8 weeks. On 6-23-2015, he was seen in follow up to left elbow pain. A magnetic resonance imaging of the left elbow dated 5-21-2015, is reported to reveal intact biceps with hypertrophy supraspinatus. He reported working out in the gym, and neck stiffness. The treatment plan included increasing weights with the shoulder, Zorvolex, stretching, and light duty work after being off work for 6 more weeks. On 7-1-2015, a physical therapy note indicated the physician to be happy with physical therapy success, but wanted more due to scar tissue limiting range of motion and mobilization. He reported not feeling well and was unable to do much home exercising. He reported still having pain in the distal biceps, long head insertion and brachioradialis.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound-Diclofenac Sodium 260 grams RX 6/22/15, consisting of Diclofenac sodium powder QTY: 54, lidocaine HCL powder QTY: 36, sterile water solution QTY: 6, carbitol liquid QTY: 18 versatile cream base QTY: 246: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmedhealth/pmht0009439/?report=details>.

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

**Decision rationale:** The current request is for Compound-Diclofenac Sodium 260 grams RX 6/22/15, consisting of Diclofenac sodium powder QTY: 54, lidocaine HCL powder QTY: 36, sterile water solution QTY: 6, carbitol liquid QTY: 18 versatile cream base QTY: 246? Treatment to date has included shoulder arthroscopy (2-10-2015), medications, physical therapy, magnetic resonance imaging of the left elbow (5-21-2015). The patient remains off work. MTUS Chronic Pain Guidelines under Topical analgesics has the following on page 111, "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The FDA for neuropathic pain has designated topical lidocaine, in the formulation of a dermal patch (Lidoderm) for orphan status. 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." On 5-12-2015, the patient reported ongoing pain to the left acromioclavicular joint and left distal biceps. The patient also reports left elbow pain with stiffness. Decreased range of motions was noted. This is a request for a topical compound cream that includes "Diclofenac sodium powder, Lidocaine HCL powder, sterile water solution and Carbitrol liquid in a versatile cream base." In this case, the requested topical compound contains Lidocaine and per MTUS, Lidocaine is only allowed in a patch form and not allowed in cream, lotion or gel forms. Therefore, the entire compound cream cannot be supported. This request IS NOT medically necessary.