

<b>Case Number:</b>	CM15-0205679		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	06/02/1998
<b>Decision Date:</b>	12/11/2015	<b>UR Denial Date:</b>	09/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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, Hawaii

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:

This 57 year old male sustained an industrial injury on 6-2-98. Documentation indicated that the injured worker was receiving treatment for chronic low back pain with lumbar post laminectomy syndrome. The injured worker was status post lumbar fusion and removal of hardware and status post spinal cord stimulator implant with revisions in 2007 and 2010 and explanation of expired leads on 5-14-15. In a PR-2 dated 8-4-15, the injured worker complained of ongoing low back pain rated 7 out of 10 on the visual analog scale. The physician stated that the injured worker's spinal cord stimulator had been working well and providing adequate paresthesia coverage to his lower back and lower extremity but over the last month the "physiologic sweet point" had migrated from T8 down to the mid-body of T10 with resultant decrease in pain relief to his lower back. Physical exam was remarkable for lumbar spine with tenderness to palpation over the paraspinal musculature with decreased range of motion and obvious muscle guarding. The injured worker received trigger point injections during the office visit. The treatment plan included a Nevro spinal cord stimulator trial in two months and medications refills (Norco, Anaprox, Prilosec and Ultraset). On 9-9-15, a request for authorization was submitted for Diclofenac 10%, Capsaicin 0.025%, Lidocaine 5%, Menthol 5% creams #120gms. On 9-22-15, Utilization Review noncertified a request for Diclofenac 10%, Capsaicin 0.025%, Lidocaine 5%, Menthol 5% creams #120gms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diclofenac 10%, Capsaicin 0.025%, Lidocaine 5%, Menthol 5% creams #120gms:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** The patient presents with low back pain with worsening radicular symptoms. The current request is for Diclofenac 10%, Capsaicin 0.025%, Lidocaine 5%, Menthol 5% creams #120grams. The treating physician's report dated 09/09/2015 (55B) states, "The patient previously had been receiving Lidoderm patch analgesic prescriptions but it appears that they are currently not authorized. The patient would like to remain with more topical applications of medications than taking full pain medications as he does not want to become dependent on it and wants to be able to function through his activities of daily living and without being sedated." Medical records do not show a history of use of this compound cream. The MTUS guidelines page 111 on topical analgesics states that it is largely experimental in use with few randomized controlled trials to determine efficacy or safety. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS further states, "Any compounded product that contains at least one drug, or drug class, that is not recommended is not recommended." MTUS page 57 on topical lidocaine states, "No other commercially approved topical formulations of lidocaine whether creams, lotions or gels are indicated for neuropathic pain." In this case, the MTUS Guidelines do not support the use of lidocaine in cream, lotion or gel formulations. The current request is not medically necessary.