

<b>Case Number:</b>	CM15-0029340		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	11/17/2011
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	02/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2015

### 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: Preventive Medicine, Occupational 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 65-year-old female, who sustained an industrial injury on November 17, 2011. She has reported chronic neck pain and left shoulder pain. The diagnoses have included chronic pain syndrome, left shoulder pain, left shoulder capsulitis, cervical discogenic pain, cervical myofascial pain and cerviogenic headaches. Treatment to date has included radiographic imaging, diagnostic studies, cervical surgery, conservative therapies, pain medications and work restrictions. Currently, the IW complains of chronic neck pain and left shoulder pain. The injured worker reported an industrial injury in 2011, resulting in chronic cervical spine pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on January 27, 2015, revealed continued left shoulder pain. Creams were requested for pain and surgical intervention of the shoulder was discussed. On February 10, 2015, Utilization Review non-certified a Compound cream (Diclofenac 3 %, Baclofen 2 %, Bupivacaine 1 %, Gabapentin 6 %, Ibuprofen 3 %) 120gm 30 Day Supply, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On February 17, 2015, the injured worker submitted an application for IMR for review of requested Compound cream (Diclofenac 3 %, Baclofen 2 %, Bupivacaine 1 %, Gabapentin 6 %, Ibuprofen 3 %) 120gm 30 Day Supply.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound cream (Diclofenac 3 %, Baclofen 2 %, Bupivacaine 1 %, Gabapentin 6 %, Ibuprofen 3 %) 120gm 30 Day Supply: 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 9792.20 & 9792.26, Page 111.

**Decision rationale:** Diclofenac is not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did rofecoxib (Vioxx), which was taken off the market. According to the authors, this is a significant issue and doctors should avoid diclofenac because it increases the risk by about 40%. Compound cream (Diclofenac 3 %, Baclofen 2 %, Bupivacaine 1 %, Gabapentin 6 %, Ibuprofen 3 %) 120gm 30 Day Supply is not medically necessary.