

<b>Case Number:</b>	CM15-0034075		
<b>Date Assigned:</b>	03/02/2015	<b>Date of Injury:</b>	03/13/2008
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2015

### 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 58-year-old male, who sustained an industrial injury on March 13, 2008. The diagnoses have included cervicalgia, displaced cervical intervertebral disc, and cervical postlaminectomy syndrome. Treatment to date has included activity modification and oral and topical medications. Currently, the injured worker complains of chronic neck pain, chronic back pain, sciatica, and right shoulder and right arm pain. The Primary Treating Physician's report dated January 14, 2015, noted the cervical spine with mildly restricted range of motion (ROM) of the neck, and tenderness in the right paracervical area starting at the mid paracervical area and extending over through the right shoulder. The Physician noted that topical formulations had worked very well for the injured worker in the past, and provided him with a sample of Diclofenac 6%/Flurbiprofen 6%/Lidocaine HCl 2% cream. On February 3, 2015, Utilization Review non-certified Diclofenac 6%/Flurbiprofen 6%/Lidocaine HCl 2% cream. To apply 1g to the affected area 3 times a day. Recommend that he be provided with this medication over 120g with 1 refill. The UR Physician noted that the compounded topical medication contained two components that were not medically necessary and therefore the entire compounded cream would not be supported as medically necessary. The MTUS Chronic Pain Medical Treatment Guidelines was cited. On February 24, 2015, the injured worker submitted an application for IMR for review of Diclofenac 6%/Flurbiprofen 6%/Lidocaine HCl 2% cream. To apply 1g to the affected area 3 times a day. Recommend that he be provided with this medication over 120g with 1 refill.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Diclofenac 6%/Flurbiprofen 6%/Lidocaine HCl 2% cream. To apply 1g to the affected area 3 times a day. Recommend that he be provided with this medication over 120g with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Salicylate topicals Page(s): 111-113, 105, 56-57. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Lidoderm.

**Decision rationale:** Based on the 1/14/15 progress report provided by the treating physician, this patient presents with neck pain radiating into the right shoulder/arms, back pain, and occasional sciatica. The treater has asked for DICLOFENAC 6%/FLURBIPROFEN 6%/LIDOCAINE HCL 2% CREAM, TO APPLY 1G TO THE AFFECTED AREA 3 TIMES A DAY. RECOMMEND THAT HE BE PROVIDED WITH THIS MEDICATION OVER 120G WITH 1 REFILL on 1/14/15. The patient "could benefit from a topical formulation" as he is "suffering from chronic musculoskeletal pain, combination of myofascial pain and neuropathic pain from the injury to his cervical spine" per 1/14/15 report. The request for authorization was not included in provided reports. The patient has not had any prior surgeries according to review of reports dated 1/16/14 to 1/14/15. The patient states that Zanaflex causes a dry mouth, and would like to discuss an alternative per 1/14/15 report. The patient is taking Norco sparingly, one prescription lasts several months, as of 7/16/14 report, and is still taking it as of 1/14/15 report. The patient is no longer working, as he is retired. 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 guidelines page 57 states, "topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." ODG, Pain chapter states the following regarding Lidocaine: Not recommended until after a trial of a first-line therapy, according to the criteria below. Lidoderm #130; is the brand name for a lidocaine patch produced by ██████████. Topical lidocaine may be recommended for localized neuropathic pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. In this case, the records do not show any previous compound cream use. The 1/14/15 report shows that the treater is requesting a trial of this compound cream. The patient does have peripheral neuropathy, which this medication is

indicated for, but it is not clear what part of the body this medication is to be used for. Furthermore, MTUS specifically states that only the dermal patch form of lidocaine is indicated. In this case, the requested compound cream is not indicated per MTUS guidelines. As lidocaine in topical cream form is not indicated, the entire compounded cream is not indicated. The request IS NOT medically necessary.