

<b>Case Number:</b>	CM14-0140047		
<b>Date Assigned:</b>	09/08/2014	<b>Date of Injury:</b>	03/20/2014
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 underlying date of injury in this case is 03/20/2014. The date of the utilization review under appeal is 08/21/2014. Treating diagnoses include an acute lumbar sprain, rule out lumbar disc herniation, and left lower extremity radicular pain. On 07/28/2014, the patient was seen in orthopedic followup regarding persistent pain in the lumbar spine. The patient noted improvement in her symptoms with ice or heat or lying down or with support under her feet. She also utilized over-the-counter medications. The treating physician recommended treatment with topical diclofenac/lidocaine, noting that diclofenac is indicated for osteoarthritis pain and joints that lend themselves to topical treatment and that lidocaine is indicated for localized peripheral pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diclofenac 3%:** 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 Section on Topical Analgesics Page(s): 111.

**Decision rationale:** The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on Topical Analgesics states regarding topical antiinflammatory medications that such treatment has not been evaluated for treatment of the spine, hip, or shoulder. The treating physician quotes the treatment guidelines and notes that this medication is indicated in "joints that lend themselves to topical treatment." However, the lumbar spine is specifically not one of these areas amenable to treatment with topical antiinflammatory medications. This request is not supported by the guidelines. This request is not medically necessary.

**Lidocaine 5% 180g:** 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 Topical Analgesics Page(s): 111.

**Decision rationale:** The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on topical analgesics states regarding topical lidocaine that this is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy. This reference, which is specifically discussed by the treating provider, actually refers to peripheral "neuropathic" pain. The medical records in this case do not document localized neuropathic pain but rather regionalized pain from a radiculopathy, which does not reflect a local peripheral neuropathy likely to respond to topical analgesics. This request is not supported by the treatment guidelines. This request is not medically necessary.