

<b>Case Number:</b>	CM14-0149223		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	07/26/2013
<b>Decision Date:</b>	12/24/2014	<b>UR Denial Date:</b>	08/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Georgia. 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 patient presents with a work related injury on 07/26/2013. On 07/22/2014, the patient complained of pain in the cervical spine. The pain was rated a 7/10. According to the medical records, the pain was improved with rest and medications. The medications include Xanax, Norco, and Elavil. It was noted that Norco reduces the pain from 7 to 4 out of ten with improvement in ADLs. The pain is made worse with physical activity. The physical exam was significant for decreased range of motion of the cervical spine; tenderness to palpation, hypertonycity over the left trapezius, decreased strength and sensation on the left over the C5, C6, C7 and C8. The patient had a positive Spurlings on the left and positive cervical compression. There was tenderness over the suboccipital region. The patient was diagnosed with Left C6 radiculopathy; C6-7 disc herniation; cervicogenic headaches. A request was made for Diclofenac/Lidocaine cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diclofenac 3%/ Lidocaine 5% 180g cream:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Compounded Medications. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain chapter; Topical Analgesics

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Guidelines Topical Analgesic Page(s): 111-112.

**Decision rationale:** Diclofenac 3%/ Lidocaine 5% 180g cream is not medically necessary. According to California MTUS, 2009, chronic pain, page 111 California MTUS guidelines does not cover "topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended". Per CA MTUS, topical analgesics such as Diclofenac, is indicated for Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. It is also recommended for short-term use (4-12 weeks). Additionally, Per CA MTUS page 111 states that topical analgesics are " recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (anti-depressants or AED)...Only FDA-approved products are currently recommended. Non-neuropathic pain: Not recommended; therefore, the compounded mixture is not medically necessary.