

<b>Case Number:</b>	CM14-0149497		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	05/30/2012
<b>Decision Date:</b>	10/24/2014	<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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 injured worker is a 48-year-old male who reported an injury on 05/30/2012. The mechanism of injury occurred when he lifted a gate that had come off its track. The diagnoses included persistent lumbar spine pain status post fusion, and left radicular symptoms. Past treatments included physical therapy and medications. Pertinent diagnostic studies were not provided. Surgical history included a laminectomy and fusion at L4-5 on 06/10/2013. The clinical note dated 07/29/2014 indicated the injured worker complained of low back pain radiating down the left lower extremity, rated 6/10. The physical examination revealed decreased range of motion of the lumbar spine; deep tendon reflexes rated 1+ to the bilateral lower extremities; decreased strength in the L4, L5, and S1 myotomes; and decreased sensation in the L5 dermatome. Current medications included Gabapentin and Motrin. The treatment plan included Diclofenac 3%/Lidocaine cream 5% 180 gm. The rationale for the request was to decrease pain. The Request for Authorization form was completed on 08/11/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diclofenac 3%/Lidocaine Cream 5% 180 GM:** Upheld

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

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

**Decision rationale:** The request for Diclofenac 3%/Lidocaine cream 5% 180 gm is not medically necessary. The California MTUS Guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety, and are primarily recommended for neuropathic pain. Many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended, is not recommended. Topical NSAIDs are recommended for the short-term treatment of osteoarthritis and tendinitis of the knee and elbow or other joints that are amenable to topical treatment. There is no evidence to support the use of topical NSAIDs for neuropathic pain. Topical Lidocaine in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. No other commercially-approved topical formulations of Lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain. The injured worker complained of low back pain radiating to the left lower extremity. There is a lack of documentation to support the diagnosis of osteoarthritis pain, and the guidelines indicate that topical NSAIDs are not recommended for neuropathic pain as there is no evidence to support their use. Lidoderm patches are the only approved topical form of Lidocaine. As the guidelines state that any compounded product that contains at least 1 drug that is not recommended, is not recommended, the request is not supported at this time. Additionally, the request does not include indicators of frequency or location for using the medication. Therefore, the request for Diclofenac 3%/Lidocaine cream 5% 180 gm is not medically necessary.