

<b>Case Number:</b>	CM14-0160302		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	11/01/2012
<b>Decision Date:</b>	12/19/2014	<b>UR Denial Date:</b>	09/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 Internal Medicine 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 (IW) is a 49-year-old-man with a date of injury of November 1, 2012. The mechanism of injury was not documented in the medical record. Pursuant to the Primary Treating Physician's Progress Note (PR-2) dated July 28, 2014, the IW complains of persistent cervical and lumbar spine pain rated 8/10. The IW notes that the lumbar spine pain has worsened since last visit and radiates into the bilateral lower extremities, right greater than left. There is improvement in the pain symptoms with use of medications and stretching. The IW takes Norco, 2 to 4 tablets per day. He is also taking Prilosec. The pain is worse with prolonged standing and kneeling. On examination, there is tenderness to palpation of the cervical spine and lumbar spine. Bilateral sitting straight leg raise test is positive in both lower extremities, worse on the right than the left. The IW has been diagnosed with cervical spine multilevel disc protrusion, and lumbar spine multilevel disc protrusion. The provider recommends an epidural steroid injection, Norco 10/325mg, and Diclofenac 3%/Lidocaine 5% cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diclofenac/Lidocaine Cream (3%/5%) 180g:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Topical analgesics

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Diclofenac/lidocaine cream (3%/5%) 180 g is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product contains at least one drug (or drug class) that is not recommended, is not recommended. Diclofenac Gel is indicated for relief of osteoarthritis in a joint that lends itself to topical treatment (ankle, elbow, foot, hand, knee and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. No commercially approved topical formulation of lidocaine, other than Lidoderm patch, whether creams, lotions or gels are indicated for neuropathic pain. In this case, the injured worker complained of pain in the cervical spine and lumbar spine. On exam, there was tenderness to palpation of the cervical spine and lumbar spine. Lidocaine in cream form is not recommended. Any compounded product that contains at least one drug (lidocaine) that is not recommended, is not recommended. Lidocaine, in the present form, is not recommended. Diclofenac is indicated for relief of osteoarthritis in the joint that lends itself to topical treatment. It has not been evaluated for the spine. Consequently, the compounded cream containing Lidocaine in cream form and diclofenac for application to the spine is not medically necessary. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, diclofenac/lidocaine cream (3%/5%) 180 g is not medically necessary.