

<b>Case Number:</b>	CM14-0163517		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	08/01/2011
<b>Decision Date:</b>	11/07/2014	<b>UR Denial Date:</b>	09/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2014

### 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 Occupational 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 claimant was injured on 08/01/11. Diclofenac/lidocaine cream is under review. The claimant has chronic cervical strain with degenerative disc disease and osteophytes and also has lumbar disc disease at L2-S1. She is status post lumbar ESI on 05/30/14 and has chronic pain. She has had multiple medications, PT, injections, and imaging studies. She has been prescribed topical medication. On 06/19/14, the note states she received Flexeril the previous month and was taking over-the-counter Advil. Flexeril did help. The pain was also improved with Lidoderm patches. On 06/24/14, she reportedly had tried ice, heat application, and anti-inflammatories and her pain had not improved. She stated the low back pain had subsided since a transforaminal ESI on 05/30/14. She was taking anti-inflammatories. She was prescribed Lidoderm patches and received refills of her medications. On 07/24/14, she reported completing 8 sessions of PT which was helpful. Additional PT was ordered. She was advised to do home exercises. Topical cream was ordered. On 09/03/14, she was taking over-the-counter Advil. She did not like to take strong pain medication. She had received the topical cream but had not started using it. Physical therapy was pending. On 09/22/14, she was using Diclofenac/lidocaine cream. She stated it was helpful. She was to see a pain management specialist.

### 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.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 143.

**Decision rationale:** The history and documentation do not objectively support the request for the compound topical pain medication Diclofenac/lidocaine cream (3%/5%) 180g. The CA MTUS p. 143 state "topical agents may be recommended as an option [but are] largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004)." There is no evidence of failure of all other first line drugs. The claimant had also taken other medications (over the counter Advil and Flexeril) with no documentation of intolerance or lack of effectiveness. In addition, MTUS does not support the use of lidocaine other than in the form of Lidoderm patches. The claimant had previously used Lidoderm patches and no reason is given for her to have been given this topical medication instead. Therefore, the request for Diclofenac / lidocaine cream (3%/5%) 180g is not medically necessary and appropriate.