

<b>Case Number:</b>	CM14-0165412		
<b>Date Assigned:</b>	10/09/2014	<b>Date of Injury:</b>	09/12/2013
<b>Decision Date:</b>	12/19/2014	<b>UR Denial Date:</b>	09/10/2014
<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 Anesthesiology; has a subspecialty in Pain Management 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:

This is a 34-year old female patient with a date of injury on 9/12/2013. The injury occurred when another vehicle struck his patrol vehicle on the passenger side. In a progress noted dated 10/18/2014, the patient complained of pain in his neck, which radiated into the ulnar side of his hand. There was occasional numbness and tingling in his ring and small fingers. He also has low back pain that radiated into the posterior left thigh and leg. Objective findings: positive Spurling's sign on left of cervical spine, decreased range of motion in cervical and lumbar spine, and paraspinal tenderness in lumbar spine. Medications provided no improvement to his pain. The diagnostic impression showed cervical spine pain and low back pain. Treatment to date: medication management, behavioral modification, chiropractic treatment, epidural steroid injections. A UR decision dated 9/10/2014 denied the request for diclofenac 3%/lidocaine5% cream #180, and Anexsia 7.5/325mg #60 on 8/8/2014. Regarding diclofenac 3%/lidocaine 5% cream, the rationale provided regarding the denial was that there was no evidence of failed trials of oral NSAIDs, antidepressant and anticonvulsant therapy. Regarding Anexia 7.5/325mg, the rationale provided regarding the denial was that there was no objective functional gains noted. Furthermore, there was no urine drug screens, risk assessment profile, attempts at weaning, and an updated opioid pain contract between the provider and patient.

### 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% 180gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Procedure Summary

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, Topical Analgesics Page(s): 25, 28, 111-113.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. However, in the documentation provided, there was no discussion regarding failed trials of first line oral analgesics such as ibuprofen or gabapentin. Furthermore, guidelines do not support lidocaine in topical formulation. Lastly, in a 10/18/2014 progress report, there was no functional improvement noted from the analgesic regimen. In fact, the provider mentions that medications provided no relief for pain. Therefore, the request for Diclofenac/Lidocaine cream 3%/5% 180gm was not medically necessary.

**Retrospective request for Anexsia 7.5/325mg #60 on 8/8/14:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, in the documentation provided, no functional improvement was noted with the opioid regimen. In fact, in a 10/18/2014 progress report, medications provided no relief for pain. Furthermore, no opioid pain contract or urine drug screens were provided for review. Therefore, the request for Anexsia 7.5/325mg #60 on 8/8/14 is not medically necessary.