

<b>Case Number:</b>	CM14-0165556		
<b>Date Assigned:</b>	10/10/2014	<b>Date of Injury:</b>	03/04/2013
<b>Decision Date:</b>	11/12/2014	<b>UR Denial Date:</b>	09/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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 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:

The injured worker is a 30 year old female with a date of injury on 3/4/2013. As per the report of 04/17/14, she complained of numbness and tingling that radiated down into her digits of fingers. On 09/08/14, she complained of right shoulder, bilateral upper extremities, and right wrist/arm pain. She also reported issues related to her nervous system, gastrointestinal, and internal medicine-related issues. The right shoulder and right wrist pain was rated at 9/10. She also reported swelling of the right wrist. Her pain symptoms were improved with medication. The examination of the right shoulder revealed marked tenderness to palpation anteriorly and laterally. The range of motion of abduction was limited at 90 degrees with severe pain. Strength was 4/5. The examination of the right wrist revealed tenderness to palpation over the dorsal compartment. In 2013, the electrodiagnostic study of the bilateral upper extremities was positive and magnetic resonance imaging of the right wrist indicated positive findings. There were no urine drug screens reports. The blood report dated 08/22/14 was normal. The current medications include naproxen, Tylenol with codeine, Norco, topical medicated ointment, Alka-Seltzer, Pepto Bismol, lorazepam, over the counter analgesic medications, birth control pills, and inhaler. She is allergic to sulfa. Past treatments have included physical therapy, acupuncture, and pain medications. She was diagnosed with pre-cancerous cells in the cervix in June 2014. The pain was rated at 6-9/10 on 04/17/14, 9-10/10 on 07/07/14, 10/10 on 08/11/14, and 9/10 on 09/12/14, which indicated acute chronic pain with no improvement. Diagnoses include right cubital tunnel syndrome, right carpal tunnel syndrome, multiple upper motor neuron signs with chronic cervical strain, ruled out congenital or other abnormalities, stomach upset, and sleep issues. The request for diclofenac/lidocaine cream (3%/5%) 180 g, no refills, no cost, topical analgesic was denied on 09/23/14 in accordance with medical guidelines.

## 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 no NDC #, no refills, no cost, topical analgesic:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, topical analgesics are an option with specific indications; 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. According to the Chronic Pain Medical Treatment Guidelines, that the only nonsteroidal anti-inflammatory drug that is Food and Drug Administration approved for topical application is diclofenac (Voltaren 1% Gel). Clinical trial data suggest that diclofenac sodium gel (the first topical nonsteroidal anti-inflammatory drugs approved in the United States) provides clinically meaningful analgesia in osteoarthritis workers with a low incidence of systemic adverse events. "Lidocaine" is recommended for localized peripheral neuropathic pain (such as post-herpetic neuralgia) after there has been evidence of a trial of first-line therapy (tri-cyclic or serotonin norepinephrine reuptake inhibitors anti-depressants or an antiepileptic drugs such as gabapentin or Lyrica), which is not the case here. The guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The medical necessity of this compounded topical product is not established.