

Case Number:	CM14-0097957		
Date Assigned:	07/28/2014	Date of Injury:	08/09/2010
Decision Date:	09/18/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	06/26/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 60-year old male who was injured on 8/9/2010. He was diagnosed with lumbosacral spondylosis with radiculopathy. He was treated with lumbar surgery, physical therapy, epidural injections, radiofrequency rhizotomy, and oral medications. He continued to experience chronic low back pain, regardless. The worker reported, according to the notes available for review, that he had used a "nerve pain medication and muscle relaxer" in the past, but had discontinued them (exact medications and reason for discontinuation not documented). On 4/23/14, the worker was seen by his treating physician complaining of 6/10 level pain (on the pain scale) low back pain with intermittent radiating cramping and pain down both legs, and that the helpful effects of the previous epidural injection was wearing off gradually, causing more pain over the prior few months. He reported using Motrin, Vicodin, Atenolol, Ambien, and a "medication for diverticulitis". Physical examination revealed dysesthesia along lateral right thigh. He was then prescribed Lidoderm patch, Norco, and a compounded pain cream (diclofenac, prilocaine, lidocaine).

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound pain cream - CMPD Diclofenac Sodium 5%, Lidocaine 2%, Prilocaine 2%, in LAM with 3 refills: 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: The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. Topical NSAIDs specifically have some data to suggest it is helpful for osteoarthritis and tendinitis for at least short periods of time, but there are no longterm studies to help us know if they are appropriate for treating chronic musculoskeletal pain. Topical NSAIDs have not been evaluated for the treatment of the spine, hip, or shoulder. Although some topical analgesics may be appropriate for trial as a secondary agent for neuropathic pain after trials of oral therapies have been exhausted, topical NSAIDs are not recommended for neuropathic pain. The only FDA-approved topical NSAID currently is Voltaren gel (diclofenac). Ketoprofen is not currently one of the topical NSAIDs available that is FDA approved, and it has a high incidence of photocontact dermatitis. All topical NSAID preparations can lead to blood concentrations and systemic effect comparable to those from oral forms and caution should be used for patients at risk, including those with renal failure and hypertension. The MTUS Guidelines for Chronic Pain state that topical lidocaine is not a first-line therapy for chronic pain, but may be recommended for localized peripheral neuropathic pain after there has been evidence of a trial of first-line therapy (including tri-cyclic, SNRI anti-depressants, or an AED such as gabapentin or Lyrica). Topical lidocaine is not recommended for non-neuropathic pain as studies showed no superiority over placebo. Combination and compounded products such as the one requested for approval are generally considered not recommended as they do not carry with them sufficient trial data to suggest they are better than other medications. In the case of this worker, there seems to be fairly clear indication that he has neuropathic pain. Topical NSAIDs seem inappropriate for this, especially if he is already taking an oral NSAID anyway. Topical lidocaine might be considered for this situation, however, there is not enough clear documentation explaining which "nerve pain medication" was used, if it helped, and why it was stopped, assuming this was a first-line therapy attempt for neuropathic pain. For these reasons, the compounded cream is not medically necessary.