

<b>Case Number:</b>	CM14-0216231		
<b>Date Assigned:</b>	01/21/2015	<b>Date of Injury:</b>	03/17/2013
<b>Decision Date:</b>	05/29/2015	<b>UR Denial Date:</b>	12/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/24/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 47-year-old female who reported injury on 03/17/2013. The mechanism of injury was not provided. Documentation of 11/17/2014 revealed the injured worker had pain in the cervical spine, bilateral shoulders, and bilateral wrists and hands. The pain was rated as 6/10. The pain in the bilateral shoulders had worsened since the last visit. The pain was made better with rest and medications. The physical examination revealed tenderness to palpation in the bilateral trapezius muscles, right shoulder, and bilateral wrists and hands. The diagnoses included bilateral rotator cuff tendonitis; bilateral wrist pain, rule out carpal tunnel syndrome; bilateral elbow lateral epicondylitis; and right knee anterior horn lateral meniscus tear. The documentation indicated the injured worker had a recent cortisone injection to the bilateral shoulders that was helpful. The injured worker indicated that her medications were too strong and were causing excessive sedation. The medications were noted to be discontinued and the injured worker was to utilize Norco 5/325 one tablet by mouth every 4 hours as needed for breakthrough pain and diclofenac/lidocaine cream to work synergistically with Norco to provide better pain relief. There was a Request for Authorization submitted for review. Request for Authorization submitted for review was dated 11/24/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diclofenac 3%/Lidocaine 5% cream 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, Diclofenac, Lidocaine Page(s): 111,112.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines indicates that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The guidelines indicate that topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2 week period. When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. These medications may be useful for chronic musculoskeletal pain, but there are no long term studies of their effectiveness or safety. Indications: osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment; recommended for short term use (4 to 12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. It is not recommended for neuropathic pain as there is no evidence to support use. The guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first line therapy (tricyclic or SNRI antidepressants or an AED, such as gabapentin or Lyrica). No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The clinical documentation submitted for review failed to indicate the injured worker had a trial and failure of antidepressants and anticonvulsants. There was a lack of documentation of exceptional factors and the lidocaine is not recommended in the form of creams, lotions or gels. The request as submitted failed to indicate the body part to be treated and the frequency with which to be treated. Given the above and the lack of documentation, the request for diclofenac 3%/lidocaine 5% cream 180g is not medically necessary.