

<b>Case Number:</b>	CM15-0015409		
<b>Date Assigned:</b>	02/03/2015	<b>Date of Injury:</b>	05/01/2009
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	01/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 53 year old female, who sustained an industrial injury on May 1, 2009. The diagnoses have included cervicalgia, cervical radiculitis and status post removal of hardware associated with cervical 4-cervical 7 anterior cervical decompressions and fusion with incomplete fusion with placement of new interbody graft spacer and anterior fixating hardware at cervical 6-7 in 2013. Treatment to date has included MRI of the cervical spine, electrodiagnostic studies of bilateral upper extremities, yoga, H-wave, acupuncture, physical therapy, cervical collar, massage, heat/ice, Styrofoam roller, and oral pain, topical compound cream non-steroidal anti-inflammatory, muscle relaxant, proton pump inhibitor, and antidepressant medications. On January 15, 2015, the treating physician noted the injured worker appeared uncomfortable. The physical exam revealed surgical scars, tenderness to palpation over the bilateral mid cervical facets, bilateral lower cervical facets, bilateral trapezius spasm, negative bilateral cervical axial compression tests, and positive bilateral Spurling's test. The cervical range of motion was mildly decreased with pain with extension and forward flexion. The arm pain had resolved and grip strength was normal. There was equal sensation of cervical 3-thoracic1 in an Aspen collar. On January 27, 2015, the injured worker submitted an application for IMR for review of a prescription for topical compound cream Diclofenac 3% 120gm #1 with 3 refills and a prescription for topical compound cream Baclofen/Cyclobenzaprine/DMSO/Gabapentin/Orphenadrine/Pentoxifylline 120gm #1 with 3 refills. The topical compound cream Diclofenac 3% was non-certified based on Diclofenac is not recommended by the guidelines for spinal conditions. The topical compound cream

Baclofen/Cyclobenzaprine/DMSO/Gabapentin/Orphenadrine/Pentoxifylline was non-certified based on the components of the compounded cream are not recommended for topical use in pain conditions. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines was cited.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Topical compound cream Diclofenac 3% 120gm qty: 4.00:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

**Decision rationale:** According to the MTUS guidelines, topical analgesics 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. Diclofenac 3 % is a topical NSAID . It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant had been prescribed the cream for a month with 4 refills. There are diminishing effects after 2 weeks and long-term use is not indicated. There was no diagnosis of arthritis in the involved areas. The Diclofenac 3% cream is not medically necessary.

**Baclofen/Bupivacaine/Cyclobenzaprine/DMSO/Gabapentin/Orphenadrine/Pentoxifylline 120gm qty: 4.00:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

**Decision rationale:** According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical Baclofen and muscle relaxants are not recommended due to lack of evidence to support their use. The use of topical Baclofen/Bupivacaine/Cyclobenzaprine/DMSO/Gabapentin/Orphenadrine/Pentoxifylline is not medically necessary.

