

<b>Case Number:</b>	CM15-0017445		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	04/19/1999
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2015

### 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: California

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 77 year old female, who sustained an industrial injury on 04/19/1999. She has reported pain in the neck, left shoulder, mid back, lower back, and right knee. The diagnoses have included degenerative disc disease cervical spine, degenerative disc disease lumbar spine, lumbar spondylolisthesis, and status post right knee replacement. Treatment to date has included medications, icing, bracing, acupuncture, physical therapy, and surgical intervention. Medications have included Tylenol, Flector patches. Currently, the IW complains of constant, sharp, throbbing, aching pain in the right knee that worsens with everyday activities; and some swelling in the right knee. A progress note from the treating physician, dated 11/25/2014, reported objective findings to include significant capsular pain and sagittal instability; stiff-legged gait; and the right knee is warm to touch and has decreased range of motion. Request is being made for Compound Cream (Diclofenac 3%, Baclofen 2%, Lidocaine 2%). On 01/02/2015 Utilization Review non-certified a prescription for Compound Cream (Diclofenac 3%, Baclofen 2%, Lidocaine 2%), The CA MTUS Guidelines were cited. On 01/29/2015, the injured worker submitted an application for IMR for review of Compound Cream (Diclofenac 3%, Baclofen 2%, Lidocaine 2%).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound Cream (Diclofenac 3%, Baclofen 2%, Lidocaine 2%): Upheld**

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

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

**Decision rationale:** Per the reports provided the patient presents pain in the neck, left shoulder, mid back, lower back, and right knee. The current request is for COMPOUND CREAM-DICLOFENAC 3%, BACLOFEN 2%, LIDOCAINE 2% per the 12/29/14 RFA. The MTUS has the following regarding topical creams (p111, chronic pain section): There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. MTUS, Topical Analgesics, page 113 specifically states that Baclofen is not recommended. The RFA states this request is for diagnoses of Knee pain/Knee injury/instability. In this case, the requested compound cream contains Baclofen that the MTUS specifically state is not recommended in the topical analgesic section. Therefore, the requested medication is not recommended and IS NOT medically necessary.