

<b>Case Number:</b>	CM15-0017586		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	09/12/2012
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/16/2015
<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, 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 63-year-old female who reported injury on 09/12/2012. The mechanism of injury was cumulative trauma. The documentation of 11/06/2014 revealed the injured worker was in the office for pain. The injured worker's medications include atenolol 25 mg, Butrans 5 mcg/hour and Wellbutrin SR. The surgical history was noncontributory. The physical inspection and palpation of the bones, joints and muscles were unremarkable. The injured worker had bilateral wrist extensors and wrist flexors muscle strength at 4/5. The injured worker had rotator cuff strength in the supraspinatus of 4+/5 bilaterally with external rotation at 4+/5 bilateral, and it was associated with pain. The injured worker had a positive impingement test on the right and palpation of the AC joint revealed moderate right tenderness. The injured worker had C6 dermatome and C7 dermatome decreased sensation to light touch bilaterally. The Tinel's sign was positive bilaterally. The neck examination revealed pain over the C2-5 facet capsules. There was secondary myofascial pain with triggering and ropey fibrotic bending, and pain with rotational extension indicative of facet capsular tears bilaterally, and a positive Spurling's maneuver bilaterally. The diagnoses included status post chiropractic care 6 sessions with benefit, cervical spinal pain, cervicogenic headache and bilateral upper extremity pain, as well as status post cumulative trauma for the bilateral upper extremities and an MRI showing disc injury. The treatment plan included Butrans 5 mcg/hour and Wellbutrin SR 150 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diclofenac 3 percent, Gabapentin 6 percent, Lidocaine 2.5 percent, Tetracaine 2.5 percent #240 gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Topical NSAIDS, Gabapentin, Lidocaine Page(s): 111-113.

**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 also 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. Neuropathic pain: not recommended as there is no evidence to support use. Gabapentin is not recommended as there is no peer reviewed literature to support its 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 a rationale for the request. There was a lack of documentation indicating antidepressants and anticonvulsants had failed. Additionally, lidocaine and tetracaine are both in the same family, and there is lack of documentation indicating a necessity and rationale for both components of the cream. The request as submitted failed to indicate the frequency and body part to be treated. Given the above, the request for diclofenac 3 percent, gabapentin 6 percent, lidocaine 2.5 percent, tetracaine 2.5 percent #240 gm is not medically necessary.