

<b>Case Number:</b>	CM15-0068502		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	12/13/2010
<b>Decision Date:</b>	05/15/2015	<b>UR Denial Date:</b>	03/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 68 year old male who sustained an industrial injury on 12/13/10. The mechanism of injury is unclear. He currently complains of low back pain, hip pain. Medications are gabapentin; Norco; Nucynta ER; diclofenac, cyclobenzaprine, Lidocaine. He gets substantial pain relief from medications. Diagnoses include lumbar intervertebral disc degeneration; lumbar radiculitis; status post L3-4-5 laminectomy; right knee surgery times nine. Treatments to date include heat, which is helpful, medications, and lumbar epidural steroid injections. Diagnostics include MRI lumbar spine 1/21/11, 3/6/15; MRI cervical spine (no date). In the progress note dated 3/11/15 the treating provider's plan of care recommends refill on topical creams.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cmpd - Diclofena/Baclofen/Cyclobenz/Lidocaine/Ethyl #240 Refills: 3: 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.

**Decision rationale:** According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no proven efficacy of topical application of Lidocaine, Baclofen, Diclofenac, and Cyclobenzaprine. Furthermore, oral form of these medications was not attempted, and there is no documentation of failure or adverse reaction from their use. Based on the above, the use of Cmpd -Diclofena/Baclofen/Cyclobenz/Lidocaine/Ethyl #240, with 3 refills is not medically necessary.