

<b>Case Number:</b>	CM15-0209383		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	07/24/2009
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	10/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2015

### 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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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:

This is a 57-year-old female with a date of injury of July 24, 2009. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar disc herniation with right lower extremity radiculopathy, cervical disc herniation, and medication induced gastritis. Medical records dated July 14, 2015 indicate that the injured worker complained of neck pain, lower back pain radiating to the right lower extremity rate at a level of 8 out of 10, and sleep difficulties. A progress note dated September 29, 2015, documented complaints similar to those reported on July 14, 2015, with worsening radicular symptoms. The physical exam dated July 14, 2015, reveals decreased range of motion of the cervical spine, decreased range of motion of the lumbar spine, absent right Achilles tendon reflex, decreased strength of the right lower extremity, positive straight leg raise on the right, and decreased sensation along the posterolateral thigh and calf in the L5-S1 distribution on the right. The progress note dated September 29, 2015, documented a physical examination that showed no changes since the examination performed on July 14, 2015. Treatment has included medications (Anaprox, Prilosec, Ultracet, and Neurontin) and therapy. The treating physician documented that the urine drug screen dated July 14, 2015, showed results consistent with the injured worker's prescribed medications. The Utilization Review (October 14, 2015) non-certified a request for diclofenac 10%-capsaicin 0.025%- lidocaine 5%-menthol 120gm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 container of Diclofenac 10%, Capsaicin 0.025%, Lidocaine 5%, Menthol 5% 120 grams:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, and Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** The CA MTUS states there is little to no research to support the use of many compounded agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The MTUS states that lidocaine is recommended as a topical product for localized peripheral pain after there has been evidence of a trial of first-line therapy. However, only Lidoderm is indicated for neuropathic pain, while all other topical formulations of lidocaine are not recommended. The guidelines further state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, per the cited MTUS guidelines, the request for diclofenac 10%-capsaicin 0.025%-lidocaine 5%-menthol 120gm is not medically necessary.