

<b>Case Number:</b>	CM14-0155184		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	02/27/2009
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	08/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in California 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 61-year-old male who reported an injury on 02/27/2009. The mechanism of injury was not provided. The injured worker has a diagnosis of chronic cervical strain, chronic lumbar strain, left knee meniscal tear, exacerbation of lumbar spinal condition secondary to gait derangement. Physical medical treatment included medications, surgery, and physical therapy. Diagnostic testing was not provided. The injured worker underwent a left knee arthroscopy, partial medial meniscectomy, date was not provided. The injured worker complained of persistent pain on the neck, lower back, bilateral wrists, bilateral hands, and left knee on 07/18/2014. The injured worker described pain of cervical spine at 5/10 on the scale, pain of the lower back rated 7/10, and bilateral wrists rated 5/10, left knee pain rated 8/10. The injured worker stated pain in the neck and lower back, bilateral wrists and hands has remained the same and the pain in the left knee has worsened since the last visit. There was a slight discoloration of the knee and the injured worker states that it is warm to touch. The physical examination of the cervical spine revealed decreased range of motion, tenderness over the paraspinal and trapezius muscles equally. The deep tendon reflexes were 2+ at the brachioradialis and triceps tendons bilaterally. The examination of lumbar spine revealed decreased range of motion, tenderness over the paraspinals, left greater than the right with radiating pain down the left ankle. The Kemp's test was positive bilaterally, decreased strength at 4/5 on the left at the L4, L5, and S1. The examination of the bilateral wrists revealed decreased range of motion and decreased range of motion of the left knee with flexion of 130 degrees and extension 0 degrees. The injured worker had a McMurray's test, valgus and varus stress tests were positive, and patellofemoral grind was positive. There was tenderness over the medial aspect and medial joint line of the left knee. Medications were not provided. The

treatment plan is for Diclofenac/Lidocaine gel (3%/5%) 180g for the left knee. The rationale for the request was not submitted. The request for authorization was submitted on 07/29/2014.

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

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

**Diclofenac/Lidocaine gel (3%/5%) 180g for the left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

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

**Decision rationale:** necessary: The request for Diclofenac/Lidocaine gel (3%/5%) 180g for the left knee is not medically necessary. The injured worker complained of persistent pain on the neck, lower back, bilateral wrists, bilateral hands, and left knee on 07/18/2014. The California (MTUS) Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy and safety. The guidelines also state that any compound product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines recommend the use of Lidocaine for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The guidelines note topical NSAIDs are recommended for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder and use with neuropathic pain is not recommended as there is no evidence to support use. There is lack of documentation the injured worker has been treated with first line therapy. There is no indication that the injured worker has a diagnosis of osteoarthritis or tendinitis to a joint amenable to topical treatment. The guidelines do not recommend the use of Lidocaine in cream form for topical application. As the guidelines note any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended, the medication would not be indicated. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. Given the above, the request is not medically necessary.