

Case Number:	CM14-0041530		
Date Assigned:	06/30/2014	Date of Injury:	03/30/2013
Decision Date:	09/16/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	04/07/2014

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 Texas and Oklahoma. 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 24-year-old female who reported an injury on 03/30/2013 due to picking up a cosmetic bag. Diagnoses were lumbar disc displacement with myelopathy, sciatica, cervical disc herniation with myelopathy, tear of medial meniscus of the bilateral knees, chondromalacia patella of the bilateral knees, rotator cuff syndrome of the bilateral shoulders, tendinitis, bursitis, capsulitis of the right foot, plantar fasciitis of the right foot, depression, anxiety, and insomnia. Past treatments have been physical therapy and acupuncture. Diagnostic studies included an MRI of the lumbar spine. No surgical history reported. The injured worker had a physical examination on 03/05/2014 with complaints of back pain, shoulder pain, bilateral knee pain, ankle, and foot pain. There were complaints of constant moderate to severe pain in the lumbar spine, which was aggravated by heavy lifting, prolonged sitting, and prolonged standing. Shoulder pain was reported as frequent moderate pain that was described as sore and made worse by flexion of the arms. The pain of bilateral knees was constant to moderate and was described as stabbing. Examination of the cervical spine revealed a +3 spasm and tenderness to the bilateral paraspinal muscles of the C2 to C7. Axial compression test was positive bilaterally for neurological compromise. Distraction test was positive bilaterally. Shoulder depression test was positive bilaterally. The left brachioradialis reflex was decreased. The right brachioradialis reflex was decreased. Thoracic spine revealed a +3 spasm and tenderness to the bilateral thoracic paraspinal muscles from the T3 to T10. There was a +3 spasm and tenderness to the bilateral lumbar paraspinal muscles from the L1 to S1, multifidus and right piriformis muscle. Kemp's test was positive bilaterally. Straight leg test was positive on the right. Yeoman's was positive bilaterally. The right Achilles reflex was decreased. Examination of the knees revealed a +3 spasm and tenderness to the bilateral anterior joint lines, bilateral vastus medialis muscles and popliteal

fossa. McMurray's test was positive bilaterally. Medications were a topical cream of lidocaine 6%, gabapentin 10%, and tramadol 10%. Also, there was another topical compound, flurbiprofen 15%, cyclobenzaprine 2%, baclofen 2%, lidocaine 5%, and tramadol 50 mg. The treatment plan was for an epidural steroid injection to the lumbar spine. The rationale and Request for Authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical compound, Lidocaine 6%, Gabapentin 10%, Tramadol 10%, apply a thin layer BID #180 grams with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, compounded.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol; Topical Salicylates; Topical Analgesics; Gabapentin Page(s): 82, 105, 111, 113.

Decision rationale: The request for Topical compound, Lidocaine 6%, Gabapentin 10%, Tramadol 10%, apply a thin layer BID #180 grams with two refills is non-certified. The California Medical Treatment Utilization Schedule Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They 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. Topical salicylates are recommended. A thorough search of FDA.gov did not indicate there was a formulation of topical tramadol that had been FDA approved. The approved form of tramadol is for oral consumption, which is not recommended as a first line therapy. Gabapentin is not recommended. There is no peer-reviewed literature to support use. Due to the medical Guideline recommendation, this request for Topical compound, Lidocaine 6%, Gabapentin 10%, Tramadol 10%, apply a thin layer BID #180 grams with two refills is non-certified. The request does not indicate a frequency for the medication. The medical guidelines do support the use of compounded medications. Therefore, the request is not medically necessary.

Topical compound, Flurbiprofen 15%, Cyclobenzaprine 2%, Lidocaine 5%, apply thin layer BID #180 grams with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, compounded.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flurbiprofen; Topical Analgesics; Topical Cyclobenzaprine; Lidocaine; Topical Capsaicin Page(s): 72, 111, 113, 112, 28.

Decision rationale: The request for Topical compound, Flurbiprofen 15%, Cyclobenzaprine 2%, Lidocaine 5%, apply thin layer BID #180 grams with two refills is non-certified. The California

Medical Treatment Utilization Schedule Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They 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. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but neither not afterward, or with a diminishing effect over another 2-week period. Flurbiprofen is classified as a nonsteroidal anti-inflammatory agent. This agent is not currently FDA approved for a topical application. FDA approved routes of administration for flurbiprofen include oral tablets and ophthalmologic solution. A search of the National Library of Medicine-National Institute of Health (NLM-NIH) database demonstrated no high quality human studies evaluating the safety and efficacy of this medication through dermal patches or topical administration. The California Medical Treatment Utilization Schedule Guidelines do not recommend the topical use of cyclobenzaprine as a topical muscle relaxant, as there is no evidence for use of any other muscle relaxant as a topical product. The addition of cyclobenzaprine to other agents is not recommended. 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 medical guidelines do not support the use of compounded medications. Due to the recommendations of the medical Guidelines, this request for Topical compound, Flurbiprofen 15%, Cyclobenzaprine 2%, Lidocaine 5%, apply thin layer BID #180 grams with two refills is not medically necessary.