

Case Number:	CM13-0012889		
Date Assigned:	09/25/2013	Date of Injury:	03/21/2013
Decision Date:	01/22/2014	UR Denial Date:	07/17/2013
Priority:	Standard	Application Received:	08/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesia, has a subspecialty in Acupuncture and 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 physician 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 patient is a 44-year-old female injured worker with an injury date of 3/21/13 and diagnoses of cervical musculoligamentous injury, right shoulder pain with impingement syndrome, and lumbar radiculopathy. The injured worker had an MRI of the lumbar spine 5/30/13 (demonstrating no significant disc bulging and only mild changes), MRI of the right shoulder 4/1/13, MRI of the right knee 4/1/13, and MRI of the right ankle 5/16/13. The injured worker is refractory to physical therapy, medications, and TENS. The date of UR decision was 7/17/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

A topical analgesic compound consisting of Flurbiprofen (NSAID), Lidocaine (analgesic), Amitriptyline (antidepressant), & Lipoderm Base: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: The UR physician referenced a perspective attributed to the FDA but did not directly tie in their rationale to the MTUS. Per MTUS with regard to Flurbiprofen (p112), "(Biswal, 2006) These medications may be useful for chronic musculoskeletal pain, but there are

no long-term studies of their effectiveness or safety." Flurbiprofen may be indicated. Per the article "Topical Analgesics in the Management of Acute and Chronic Pain," published in May Clinic Proceedings (Vol 88, Issue 2, p 195-205), "Studies in healthy volunteers demonstrated that topical amitriptyline at concentrations of 50 and 100 mmol/L produced a significant analgesic effect ($P < .05$) when compared with placebo and was associated with transient increases in tactile and mechanical nociceptive thresholds." Amitriptyline may be indicated. With regard to lidocaine, MTUS p 112 states, "Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia," and, "Non-neuropathic pain: Not recommended. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo (Scudds, 1995)". The injured worker has not been diagnosed with post-herpetic neuralgia. Lidocaine is not indicated. The MTUS Chronic Pain Medical Treatment Guidelines state that topical medications are "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, $\hat{I}\pm$ -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, \hat{I}^3 agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Because lidocaine is not indicated, the compound is not recommended. This request is not medically necessary.

A topical analgesic compound consisting of Gabapentin (anticonvulsant), Cyclobenzaprine (muscle relaxant), Tramadol (analgesic) & Lipoderm Base: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: The UR physician referenced a perspective attributed to the FDA but did not directly tie in their rationale to the MTUS. With regard to topical Gabapentin, the MTUS p113 states "Not recommended. There is no peer-reviewed literature to support use." Regarding Cyclobenzaprine, the MTUS citation above notes that baclofen and other muscle relaxants are not indicated in a topical form. In regards to non-baclofen muscle relaxants, it states, "Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Specifically with regard to Cyclobenzaprine (113), "There is no evidence for use of any other muscle relaxants as a topical product." The MTUS is silent on topical tramadol. The MTUS Chronic Pain Medical Treatment Guidelines state that topical medications are "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants

have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, $\hat{I}\pm$ -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, \hat{I}^3 agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Because gabapentin and cyclobenzaprine are not recommended, the compound is not recommended. This request is not medically necessary.