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| <b>Case Number:</b>   | CM13-0035362 |                              |            |
| <b>Date Assigned:</b> | 12/13/2013   | <b>Date of Injury:</b>       | 07/06/1999 |
| <b>Decision Date:</b> | 02/07/2014   | <b>UR Denial Date:</b>       | 10/07/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/16/2013 |

### 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 Anesthesiology and 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 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 employee is a 75-year-old female who reported an injury on 6/21/99. The mechanism of injury was a moving vehicle versus pedestrian accident. The employee complained of neck pain, low back pain and left knee pain. The employee was diagnosed with bilateral upper extremity myelopathy, C6 radiculopathy left, adhesive capsulitis, bilateral shoulders, secondary to impingement, status post lumbar fusion, status post total knee replacement, and severe impairment of gait and coordination, likely secondary to discogenic injury in the cervical spine. The employee continued to complain of pain to the neck, bilateral shoulders, low back and knees. Her recent diagnoses include severe degenerative joint disease status post right knee total arthroplasty, severe left carpometacarpal joint /left metacarpophalangeal arthritic deformity, right shoulder impingement syndrome, severe cervical spondylosis and post laminotomy pain syndrome with scoliosis. The employee's physical examination showed severe spine tenderness, decreased shoulder range of motion on the right, decreased cervical range of motion, positive impingement sign and supraspinatus tests, upper extremity weakness, positive grind test on the left, positive Yeoman's test bilateral, positive straight leg raise, decreased lumbar range of motion and an absent right knee reflex.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Flur/Lido/Menth/Camp 20/5/5/1%, 100 gm (1 prescription on 3/12/13):**  
Upheld

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

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

**Decision rationale:** The guidelines indicate any compounded product that contains at least one drug (or drug class) that is not recommended is not supported. Topical lidocaine, in the formulation of a dermal patch (Lidoderm), has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Although the medical records submitted for review document subjective pain complaints to the back, hip, neck and shoulder, the guidelines do not recommend compound analgesics. As such, the request for retrospective Flur/Lido/Menth/Camp 20/5/5/1%, 100 gm (1 prescription on 3/12/13) is not medically necessary and appropriate.

**Retrospective Flur/Lido/Menth/Camp 20/5/5/1%, 30 gm (1 prescription on 4/12/13):** Upheld

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

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

**Decision rationale:** The guidelines indicate any compounded product that contains at least one drug (or drug class) that is not recommended is not supported. Topical lidocaine, in the formulation of a dermal patch (Lidoderm), has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Although the medical records submitted for review document subjective pain complaints to the back, hip, neck and shoulder, the guidelines do not recommend compound analgesics. As such, the request for retrospective Flur/Lido/Menth/Camp 20/5/5/1%, 30 gm (1 prescription on 4/12/13) is not medically necessary and appropriate.

**Retrospective Flur/Lido/Menth/Camp 20/5/5/15 100 gm (1 prescription on 4/19/13):** Upheld

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

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

**Decision rationale:** The guidelines indicate any compounded product that contains at least one drug (or drug class) that is not recommended is not supported. Topical lidocaine, in the formulation of a dermal patch (Lidoderm), has been designated for orphan status by the FDA for

neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Although the medical reviews submitted for review document subjective pain complaints to the back, hip, neck and shoulder, the guidelines do not recommend compound topical analgesics. As such, the request for retrospective Flur/Lido/Menth/Camp 20/5/5/15 100 gm (1 prescription on 4/19/13) is not medically necessary and appropriate.