

Case Number:	CM13-0070065		
Date Assigned:	05/19/2014	Date of Injury:	02/19/2013
Decision Date:	07/17/2014	UR Denial Date:	12/14/2013
Priority:	Standard	Application Received:	12/24/2013

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 & 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 51-year-old male who reported an injury on 02/19/2013. The mechanism of injury was the injured worker was pushing heavy gates and injured his low back. Prior treatments include injections, physical therapy, and chiropractic care. The documentation of 07/18/2013 revealed the injured worker underwent 18 sessions of chiropractic care. The complaints were noted to be constant pain in the low back with radiation of pain to the left leg and left foot. The pain was rated at 9/10. The pain was associated with numbness and tingling and weakness of the left leg and left foot. The diagnosis included lumbar disc disease/desiccation with disc space narrowing at L4-5, large lumbar intervertebral disc herniation at L4-5, spinal canal and foraminal stenosis at L4-5, and lumbar radiculopathy. The treatment plan included Ultracet #60, naproxen 550 mg #90, Prilosec 20 mg #60, and topical anti-inflammatory creams.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REVIEW OF TENOCIN LOTION DISPENSED ON JULY 19, 2013 FOR TREATMENT OF LUMBAR PAIN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Topical/Compounded Medications Page(s): 111-112, 121-122.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL SALICYLATE; TOPICAL ANALGESIC; TOPICAL CAPSAICIN; , LIDOCAINE Page(s): 105; 111; 28; 112.

Decision rationale: The California MTUS Guidelines indicate 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 one drug (or drug class) that is not recommended is not recommended. Capsaicin is recommended as an option in patients who have not responded or are intolerant to other treatments. Lidocaine is only for topical formulation in Lidoderm patches. No other commercially-approved topical form of lidocaine whether creams, lotions, or gels are supported for neuropathic pain. California MTUS Guidelines recommend treatment with topical salicylates. Per Drugs.com, Terocin is a topical analgesic containing capsaicin, lidocaine, menthol, and methyl salicylate. The request as submitted failed to indicate the injured worker had a trial and failure of antidepressants and anticonvulsants. There was a lack of documentation indicating exceptional factors to warrant non-adherent to guideline recommendations. Many of the ingredients are not recommended and therefore, the compound is not recommended. The request as submitted failed to indicate the frequency quantity and strength for the medication. The duration of use could not be established through the supplied documentation. Given the above, the retrospective review of Terocin lotion dispensed on 07/19/2013 for the treatment of lumbar pain is not medically necessary.

FLURBIPROFEN/LIDOCAINE/AMITRIPTYLINE FOR TREATMENT OF THE LUMBAR SPINE DISPENSED ON 07/19/2013 (RETROSPECTIVE): 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 Flurbiprofen, page 72, Lidocaine, page 112, Antidepressants Page(s): 111, 13.

Decision rationale: The California MTUS indicates topical analgesics 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. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. This agent is not currently FDA approved for a topical application. FDA approved routes of administration for Flurbiprofen include oral tablets and ophthalmologic solution. The California MTUS 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 (tri-cyclic or SNRI anti-depressants 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. Peer reviewed literature states that while local peripheral administration of antidepressants has been demonstrated to produce analgesia in the formalin model of tonic pain; a number of actions, to include inhibition of noradrenaline (NA) and 5-HT

reuptake, inhibition of NMDA, nicotinic, histamine, and 5-HT receptors, and block of ion channels and even combinations of these actions, may contribute to the local peripheral efficacy of antidepressants; therefore the contribution of these actions to analgesia by antidepressants, following either systemic or local administration, remains to be determined. The duration of use could not be established. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. The request as submitted failed to include the quantity, strength and frequency for the requested medications. Given the above, the request for flurbiprofen/ lidocaine/amitriptyline for treatment of the lumbar spine dispensed on 07/19/2013 (retrospective) is not medically necessary.

GABAPENTIN/CYCLOBENZAPRINE/TRAMADOL FOR TREATMENT OF THE LUMBAR SPINE DISPENSED ON 07/19/2013 (RETROSPECTIVE): 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 Cyclobenzaprine, Page 41, Topical Analgesics, page 111, Gabapentin page 113, Tramadol Page(s): 82.

Decision rationale: The California MTUS guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety, are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Gabapentin: Not recommended. There is no peer-reviewed literature to support use. Other anti-epilepsy drugs: There is no evidence for use of any other anti-epilepsy drug as a topical product; 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. 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 per California MTUS guidelines. The duration of use could not be established. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. The request as submitted failed to include the quantity, strength and frequency for the requested medications. Given the above, the request for gabapentin/cyclobenzaprine/tramadol for treatment of the lumbar spine dispensed on 07/19/2013 (retrospective) is not medically necessary.