

<b>Case Number:</b>	CM14-0004802		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	01/14/2003
<b>Decision Date:</b>	06/09/2014	<b>UR Denial Date:</b>	12/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2014

### 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 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 55 year old male with a reported date of injury on 04/14/2011. The mechanism of injured was not submitted within the medical records. The injured workers diagnoses included sprain of neck, thoracic and lumbar region, and sprain knee and leg. The progress noted dated 01/06/2014 reported the injured worker was in therapy and showing functional improvement. The injured worker rated the pain to his head, cervical spine, and bilateral wrists at 6/10 and the pain to his thoracic spine, lumbar spine, bilateral shoulders, and bilateral knee at 7/10. The injured worker underwent extensive conservative care including, but not limited to, medications, physical and manipulating therapy, injections and extracorporeal shock wave therapy and still had significant residual symptoms. The request for authorization form was dated 01/06/2014 for FluriLido-A and UltraFlex-G.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE: FLURBIPROFEN/LIDOCAINE/AMITRIPTYLINE/  
GABAPENTIN/CYCLOBENZAPRINE/TRAMADOL:** Upheld

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

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

**Decision rationale:** The injured worker underwent extensive conservative therapies but continues to have significant residual symptoms. The California Chronic Pain Medical Treatment guidelines state 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. There is little to no research to support the use of many of these agents. Any compounded analgesic that contains at least one drug (or drug class) that is not recommended is not recommended. Gabapentin is not recommended as there is no peer-reviewed literature to support use. There is no evidence for use of any other muscle relaxant as a topical product. 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. Topical NSAIDs may be useful for musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Topical NSAIDs are used for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment is recommended 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. Topical NSAIDs for neuropathic pain not recommended as there is no evidence to support use. The guidelines note topical lidocaine, in the formulation of a dermal patch (Lidoderm®) has been designated for orphan status by the FDA for neuropathic pain. The guidelines note no other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The guidelines do not recommend the use of gabapentin and cyclobenzaprine for topical application. There was a lack of documentation indicating the injured worker had any diagnoses for which topical NSAIDs would be indicated. The guidelines do not recommend the use of topical lidocaine in any formulation other than Lidoderm. As the guidelines state any compounded medication containing at least one drug or drug class is not recommended, the medication would not be indicated. Therefore, the request is not medically necessary.