

<b>Case Number:</b>	CM14-0008637		
<b>Date Assigned:</b>	02/12/2014	<b>Date of Injury:</b>	07/02/2012
<b>Decision Date:</b>	07/03/2014	<b>UR Denial Date:</b>	01/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2014

### 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 & 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 53-year-old male with a reported date of injury on 07/02/2012. The injury reportedly occurred when a 300 pound box fell on the injured worker and caused him to fall. The injured worker presented with constant low back pain radiating to the left lower extremity with numbness and tingling. The injured worker rated his pain at 5/10 with medication; without medication, pain was rated at 8/10. Within the documentation dated 01/06/2014, the lumbar range of motion revealed flexion to 40 degrees, extension to 10 degrees, right and left lateral flexion to 10, as well as a positive left straight leg raise. Upon physical examination, the injured worker's thoracic spine range of motion revealed flexion to 10 degrees, extension to 5 degrees, left rotation to 15 degrees, and right rotation to 25 degrees. The injured worker's diagnoses included headaches, thoracic spine sprain/strain, lumbar radiculopathy, left hip internal derangement, anxiety, depression, and psychosexual dysfunction. The injured worker's medication regimen included Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, cyclophene, ketoprofen cream, Omeprazole, and Norco. The Request for Authorization for Gabapentin 5%/tramadol 10%/baclofen 2.5% and Lipoderm base 120 mg, Norco 10/325 #60, and flurbiprofen 20%/capsaicin 0.25%/methyl salicylate 4%/ and Lidoderm base 120 mg was submitted on 01/16/2014. The rationale for the request was not provided within the documentation available for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**GABAPENTIN 5%/TRAMADOL 10%/BACLOFEN 2.5% IN LIPODERM BASE  
120MG: 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): 113.

**Decision rationale:** According to the California Medical Treatment Utilization Schedule (MTUS) Guidelines, baclofen is not recommended as a topical formulation. California MTUS Guidelines state that tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first line oral analgesic. The guidelines state any compounded product that contains at least 1 drug (or drug class) that is not recommended. According to the documentation available for review, the injured worker has been utilizing this compounded product for an extended period of time. As the injured worker has documented inconsistencies with narcotic use and the compounded product also contains the narcotic tramadol, the amount and consistency would be difficult to determine. In addition, the request as submitted failed to provide frequency and site for which the compounded cream was to be utilized. Therefore, the request is not medically necessary and appropriate.

**NORCO 10/325MG #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going management Page(s): 78.

**Decision rationale:** According to the California Medical Treatment Utilization Schedule (MTUS) Guidelines, the ongoing management of opioids should include the lowest dose possible prescribed to improve pain and function. In addition ongoing management should include review and documentation of pain relief, functional status, appropriate medication use, and side effects. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The documentation provided for review lacks objective clinical findings of increased functional ability related to the use of Norco. The request does not include the frequency. Therefore, the request is not medically necessary and appropriate.

**FLURBIPROFEN 20%/CAPSAICIN 0.25%/METHYL SALICYLATE 4% IN  
LIPODERM BASE 120MG: 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, NSAIDs, Capsaicin Page(s): 105 & 111-112.

**Decision rationale:** According to the California Medical Treatment Utilization Schedule (MTUS) Guidelines, methyl salicylate is recommended as a topical analgesic. In addition, non-steroidal anti-inflammatory agents are shown to be effective in the first 2 weeks of treatment for osteoarthritis, but with diminishing effect over another 2 week period. The effectiveness in clinical trials for topical non-steroidal anti-inflammatories has been inconsistent and most studies are small and of short duration. The California MTUS Guidelines state that capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Capsaicin is generally available as a 0.025% formulation as a treatment for osteoarthritis. There have been no studies of a 0.0375% formulation of capsaicin and is there no current indication that this increase over a 0.025% formulation would provide any further effectiveness. In addition, the guidelines state that any compounded product that contains at least 1 drug or drug class that is not recommended. The request includes capsaicin 0.25%. The guidelines do not recommend a formulation over 0.025%. In addition, the request as submitted failed to provide the frequency or specific site for which the compounded cream was to be utilized. Therefore, the request is not medically necessary and appropriate.