MAXIMUS Federal Services

| Case Number: | CM14-0009128 | | |
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| Date Assigned: | 02/14/2014 | Date of Injury: | 09/02/2011 |
| Decision Date: | 08/04/2014 | UR Denial Date: | 01/10/2014 |
| Priority: | Standard | Application Received: | 01/23/2014 |

## 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 Occupational 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 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:

This is a 59-year-old male with a date of injury of 9/2/11. The mechanism of injury to his right shoulder, left knee, ribs and back was not noted. On 1/3/14, he complains of lower back pain that is deep and sharp. It did not radiate into his lower extremities but he does feel occasional pain in his buttocks. He complains of continuous right shoulder pain. The objective findings include a decrease range of motion of the cervical spine, and mild paracervical muscle spasm. The diagnostic impression is cervical spine sprain/strain with facet arthropathy, lumbar spine sprain/strain with degenerative disc disease and lumbar facet arthropathy. Treatment to date includes medication management, and surgery. A UR decision dated 1/10/14, denied the request for Flurbiprofen/Cyclobenzaprine Topical Cream and Tramadol/Gabapentin Topical Cream. Guidelines state that any compounded product that contains at least one drug or drug class that is not recommended is not recommended as a whole. Regarding Flurbiprofen/Cyclobenzaprine, guidelines state that flurbiprofen topically is not recommended and the only FDA approved topical NSAID agent is Diclofenac Gel. Cyclobenzaprine is a muscle relaxant and is not recommended for topical use. Guidelines state the only muscle relaxant for topical use is Baclofen. Regarding Tramadol/Gabapentin, there is no scientific evidence to support the use of topical opioid analgesics over other remedies. Gabapentin topically is not recommended and guidelines state there is no peer-reviewed literature to support its use.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**FLURBIPROFEN/CYCLOBENZAPRINE TOPICAL CREAM:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation The Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Boswellia Serrata Resin, Capsaicin, Topical Analgesics Page(s): 25, 28, 111-113.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in anything greater than a 0.025% formulation, Baclofen, Boswellia Serrata Resin, and other muscle relaxants, and Gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Cyclobenzaprine, a muscle relaxant is not recommended for topical application therefore, the request for Flurbiprofen/Cyclobenzaprine Topical Cream is not medically necessary.

**TRAMADOL/GABAPENTIN TOPICAL CREAM:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation The Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Boswellia Serrata Resin, Capsaicin, Topical Analgesics Page(s): 25, 28, 111-113.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in anything greater than a 0.025% formulation, Baclofen, Boswellia Serrata Resin, and other muscle relaxants, and Gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Gabapentin is not recommended for topical application therefore, the request for Tramadol/Gabapentin Topical Cream is not medically necessary.

**Lumbar Facet Block at levels L4-5 & L5-S1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Official Disability Guidelines Treatment Guidelines, Facet Joint diagnostic blocks (injections).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter.

**Decision rationale:** CA MTUS supports facet injections for non-radicular facet mediated pain. In addition, ODG criteria for facet injections include documentation of low-back pain that is non-radicular, failure of conservative treatment (including home exercise, PT, and NSAIDs) prior to the procedure for at least 4-6 weeks, no more than 2 joint levels to be injected in one

session, and evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint therapy. On 1/22/14, it is noted that the patient continues to complain of radicular symptoms but has no neurological findings. The patient had an EMG/NCS with was negative on 2/13/12. The provider feels that the patient's pain is axial, even despite the complaints of radicular symptoms in light of that fact that they have not been able to document clear correlation of nerve root pathology. The provider documents that they have exhausted other treatments and the patient is still symptomatic and incapacitated with the limitations of daily living. Therefore, the request for lumbar facet block at levels L4-5 and L5-S1 is not medically necessary.