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| <b>Case Number:</b>   | CM14-0103202 |                              |            |
| <b>Date Assigned:</b> | 07/30/2014   | <b>Date of Injury:</b>       | 08/05/2013 |
| <b>Decision Date:</b> | 09/24/2014   | <b>UR Denial Date:</b>       | 06/23/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/03/2014 |

### 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, 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 34-year-old male who reported an injury on 08/05/2013 due to a fall. The injured worker was diagnosed with dermatitis, lumbar radiculopathy, chemical exposure, multilevel lumbar spine disc protrusions, left knee Baker cyst, tri-compartmental osteoarthritis, thinning of the medial meniscus, lateral tibial plateau fracture, osteochondritis dissecans, calcaneal spurring, posterior tibialis tenosynovitis, pruritus, insomnia, anxiety, and depression. The injured worker received conservative care including physical therapy and acupuncture. The injured worker reported some improvement to relief of pain. MRIs of the lumbar spine, left knee, right knee, and right ankle were performed on 10/14/2013. The MRI of the left knee indicated a Baker's cyst was present which measured 25.8 x 6.9 x 48.5 mm, there was tri-compartmental osteoarthritis most significant within the medial compartment, there was thinning of the medial meniscus; a tear was not excluded. The MRI of the right knee revealed a lateral tibial plateau fracture. The documents presented drug urine screens on 04/09/2014 and 05/30/2014; results were normal with no indication of illicit drug use. On 06/11/2014, the injured worker received bilateral L3, L4, and L5 medial branch blocks; the injured worker found greater than 90% relief of pain for at least 2 hours and after that the pain gradually returned. He stated that currently the pain interferes with his activities of daily living and sleep. On 06/27/14, the injured worker received a steroid injection to the knees bilaterally. The injured worker reported immediate relief of pain to his knees. On 06/27/2014, the physician noted the injured worker had parapatellar tenderness bilaterally, more so on the left. The physician noted tenderness over the L4-5 and L5-S1 facet area bilaterally. Facet loading was positive for pain in the lower lumbar region. Straight leg raising was negative. The injured worker was prescribed tramadol, Benadryl, and cyclobenzaprine. The physician would seek authorization for

radiofrequency ablation of the facet joints in the lumbar area on the right sided level and levels L4-5 and L5-S1. The physician would re-evaluate the injured worker after radiofrequency ablation of the lumbar spine. The physician is requesting a compounded cream containing gabapentin, lidocaine, and tramadol. The rationale is to alleviate pain. The Request for Authorization form was signed on 07/03/2014 and made available for review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Pharmacy purchase: Gabapentine 10%, Lidocaine 5%, Tramadol 15% 180 gm:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: B LeBon, G Zeppetella, IJ Higginson (2009). Effectiveness of topical administration of opioids in palliative care: a systematic review. Journal of pain and symptoms-Elsevier.

**Decision rationale:** The California MTUS Guidelines state topical analgesics are recommended as an option; however, they are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. These agents are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. A compounded product that contains at least 1 drug, or drug class that is not recommended is not recommended. The MTUS guidelines state that gabapentin as a topical agent is not recommended. There is no peer reviewed literature to support its use. Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first line therapy including antidepressants or an anti-epileptic drug. This medication has been designated for orphan status by the FDA for neuropathic pain. Lidocaine is not recommended for non-neuropathic pain. The efficacy in clinical trials for topical Tramadol has been inconsistent and most studies are small and short of duration. Peer reviewed literature states that there is a deficiency of higher quality evidence on the role of topical opioids and that more robust primary studies are required to inform practice recommendations. The addition of gabapentin to this medication is not approved under MTUS guidelines. Peer reviewed literature does not recommend Tramadol for topical application. Tramadol, Gabapentin, and Lidocaine in cream form are not recommended for topical application. As the guidelines note any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended, the medication would not be indicated. There is a lack of documentation indicating the injured worker failed first line treatments. As such, the request is not medically necessary.