

<b>Case Number:</b>	CM14-0119867		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	05/26/2010
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	07/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Florida. 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 44-year-old female with a reported date of injury on May 26, 2010. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include cervical disc syndrome, left rotator cuff syndrome, left rotator cuff tear, lumbar disc syndrome, lumbar spine spondylosis, and lumbar spine herniated nucleus pulposus. Her previous treatments were noted to include acupuncture, epidural injections, physical therapy, and a home exercise program. The progress note dated May 27, 2014 revealed complaints of low back pain rated 10/10. The physical examination of the lumbar spine revealed tenderness to palpation and spasm of the paralumbar muscles bilaterally. There was decreased range of motion by pain in all directions and spasm upon the right and left lateral flexion. The Kemp's test was positive bilaterally as well as a present Valsalva maneuver. The Request for Authorization form dated May 27, 2014 was for Fluriflex. The progress note dated May 23, 2014 revealed complaints of constant neck pain that radiated to the upper extremities with numbness and tingling rated 10/10 and constant low back pain that radiated to the lower extremities with numbness and tingling rated 10/10. The injured worker indicated pain without medications was rated 10/10 and with medications was rated 6/10. The topical creams and patches decreased pain, improved sleep, and increased ability to sit and walk longer. The physical examination revealed tenderness to the trapezius muscles with spasms and decreased range of motion to the lumbar spine. The Request for Authorization form dated July 18, 2014 was for Flurbi (NAP) cream - LA 180 gm for pain and inflammation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbi(NAP) cream 180 gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Compound Topical Analgesic Creams. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG) Compound Topical Analgesic Creams.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Flurbiprofen, Lidocaine, Antidepressants Page(s): 111, 72, 112, 13.

**Decision rationale:** Flurbi (NAP) cream consists of flurbiprofen 20%/lidocaine 5%/amitriptyline 4%. The California Chronic Pain Medical Treatment Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The Guidelines state topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. 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 topical application. FDA approved routes of administration for flurbiprofen include oral tablets and ophthalmic solution. The Guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain if there has been evidence of a first line therapy (tricyclic or SNRI antidepressants 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 have been demonstrated to produce analgesia in the formulin model of tonic pain, a number of actions to include the inhibition of noradrenaline and 5-HT reuptake; inhibition of NMDA, nicotinic, histamine, and 5-HT receptors; and a 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 analgesic antidepressants, following either systemic or local administration, remains to be determined. The Guidelines state that any compounded agent that contains at least 1 drug that is not recommended is not recommended and flurbiprofen, lidocaine in gel form, and antidepressants are not indicated for topical analgesia. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the retrospective request for Flurbi (NAP) cream 180 gm is not medically necessary or appropriate.

**Retrospective Gabapentin 180gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Compound Topical Analgesic Creams. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG) Compound Topical Analgesic Creams.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Topical Analgesics, Gabapentin Tramadol Page(s): 41, 111, 113, 82.

**Decision rationale:** The gabacyclotram consists of cyclobenzaprine 6%/gabapentin 10%/tramadol 10%. The California Chronic Pain Medical Treatment Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Gabapentin is not recommended as there is no peer reviewed literature to support the use. There is no evidence for use of any muscle relaxant topically. The addition of cyclobenzaprine to other agents is not recommended. The approved form of tramadol is for oral consumption, which is not recommended as a first line therapy per California MTUS Guidelines. The Guidelines indicate any compound that contains at least 1 drug that is not recommended is not recommended and gabapentin, cyclobenzaprine, and tramadol are not recommended for topical analgesia. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the retrospective request for gabacyclotram 180 gm is not medically necessary or appropriate.

**Retrospective Mentherm ointment 120gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Compound Topical Analgesics Creams. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG) Compound Topical Analgesic Creams.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Topical Salicylates Page(s): 111, 105.

**Decision rationale:** Mentherm consists of methyl salicylate and menthol. The California Chronic Pain Medical Treatment Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The Guidelines state topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The Guidelines recommend treatment with topical salicylates. However, there is a lack of documentation regarding efficacy of this medication and the request failed to provide the frequency at which this medication is to be utilized. As such, the retrospective request for Mentherm ointment 120 gm is not medically necessary or appropriate.