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| <b>Case Number:</b>   | CM14-0154510 |                              |            |
| <b>Date Assigned:</b> | 09/24/2014   | <b>Date of Injury:</b>       | 04/06/2013 |
| <b>Decision Date:</b> | 10/24/2014   | <b>UR Denial Date:</b>       | 08/22/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/22/2014 |

### 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: 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:

Injured worker is a female with date of injury 4/6/2013. Per orthopedic consultation report dated 4/22/2014, complains of right shoulder, right elbow, and cervical spine pain. The right shoulder has constant severe pain described as throbbing and aching. The pain is aggravated by moving the arm. The pain is also described as throbbing, tender and irritating. The right elbow has frequent minimal pain, aggravated by movement. She reported numbness over the elbow. The cervical spine has intermittent slight pain that is described as throbbing and aching. The pain was made worse by movement. She reported numbness that radiated into her right arm. On examination there was +3 spasm and tenderness to the bilateral paraspinal muscles from C2 to C7, right upper shoulder muscles and right upper trapezius. Cervical spine range of motion is reduced in all planes with pain on flexion, left bending and right rotation. Axial compression test and distraction test were positive bilaterally. Shoulder depression test was positive on the right. Reflexes, sensory and muscle testing were normal in bilateral upper extremities. There was +4 spasm and tenderness to the right rotator cuff muscles and right upper shoulder muscles. Right shoulder range of motion was reduced and painful in all planes. Codman's test, Speed's test, supraspinatus test and Yergason's were positive on the right. There was +2 spasm and tenderness to the right lateral epicondyle and right olecranon. Elbow range of motion was reduced with pain. Cozen's test was positive on the right. Reverse Cozen's test was positive on the right. There was +3 spasm and tenderness to the right wrist extensors and right wrist flexors. Right wrist range of motion was reduced and painful in all planes. Tinel's (carpal) test was positive on the right wrist. Bacelet test was positive bilaterally. Right wrist Jamr Dynamometer readings were 20/20/20. Diagnoses include 1) bursitis and tendinitis of the right shoulder 2) bicipital tenosynovitis 3) partial tear of rotator cuff tendon 4) medial epicondylitis of the right elbow 5) lateral epicondylitis of the right elbow 6) olecranon bursitis of the right elbow.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbi/Cyclobenza/Baclofen/Lido 15/2/2/5 percent BID affected area 180gm, Refills: 2:**  
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 , Muscle Relaxants (for pain) section, NSAIDs section, Topical Analgesics section, Page(s): 63,.

**Decision rationale:** The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Topical NSAIDs, have been shown to be superior to placebo for 4-12 weeks for osteoarthritis of the knee. The injured worker's pain is not described as pain from osteoarthritis. Topical flurbiprofen is not an FDA approved formulation. The MTUS Guidelines state that there is no evidence for use of muscle relaxants, such as Cyclobenzaprine, as a topical product. Non-sedating muscle relaxants (for pain) are recommended by the MTUS Guidelines with caution for short periods for treatment of acute exacerbations of chronic low back pain, but not for chronic or extended use. In most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Baclofen is among the muscle relaxant medications with the most limited published evidence in terms of clinical effectiveness. Sedation, dizziness, weakness, hypotension, nausea, respiratory depression and constipation are commonly reported side effects with the use of Baclofen. Baclofen is recommended for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. The MTUS Guidelines state that there is no evidence for use of muscle relaxants as a topical product. Topical Lidocaine is used primarily for neuropathic pain when trials of antidepressant and anticonvulsants have failed. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. The request for Flurbi/Cyclobenza/Baclofen/Lido 15/2/2/5 percent BID affected area 180gm, Refills: 2 is determined to not be medically necessary.

**Lido/Gabapentin/Tramadol 6/10/10 percent, apply to affected area BID 180gm Refills: 2:**  
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 section, Page(s): page(s) 111, 112.

**Decision rationale:** The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Topical lidocaine is used primarily for neuropathic pain when trials of antidepressant and anticonvulsants have failed. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. The MTUS Guidelines do not recommend the use of topical gabapentin as there is no peer-reviewed literature to support use. The MTUS Guidelines state that tramadol is not recommended as a first-line oral analgesic. The MTUS Guidelines do not specifically address the use of topical tramadol. The request for Lido/Gabapentin/Tramadol 6/10/10 percent, apply to affected area BID 180gm Refills: 2 is determined to not be medically necessary.