

<b>Case Number:</b>	CM14-0156148		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	10/07/2013
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	09/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 40-year-old male with a 10/7/13 date of injury. At the time (6/25/14) of request for authorization for Gabapentin, Tramadol and Lidocaine; and Flurbiprofen, Cyclobenzaprine, Baclofen and Lidocaine, there is documentation of subjective (lumbar, left knee, and bilateral ankle/foot pain) and objective (tenderness to bilateral thoracic/lumbar paraspinal muscles, right anterior right knee joint line, and right lateral malleoli) findings, current diagnoses (sciatica, lumbar disc displacement, right knee bursitis, and bilateral ankle sprain/strain), and treatment to date (medications (including ongoing treatment with Tramadol and Naproxen)).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin, Tramadol and Lidocaine:** 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): 111-113.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that Ketoprofen,

Lidocaine (in creams, lotion or gels), Capsaicin in a 0.0375% formulation, Baclofen and other muscle relaxants, and Gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of sciatica, lumbar disc displacement, right knee bursitis, and bilateral ankle sprain/strain. However, the requested Gabapentin, Tramadol and Lidocaine contains at least one drug (Lidocaine and Gabapentin) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Gabapentin, Tramadol and Lidocaine is not medically necessary.

**Flubiprofen, Cyclobenzaprine, Baclofen and Lidocaine: 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): 111-113.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in a 0.0375% formulation, Baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of sciatica, lumbar disc displacement, right knee bursitis, and bilateral ankle sprain/strain. However, the requested Flurbiprofen, Cyclobenzaprine, Baclofen and Lidocaine contains at least one drug/drug class (Lidocaine, Baclofen, and Cyclobenzaprine) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Flurbiprofen, Cyclobenzaprine, Baclofen and Lidocaine is not medically necessary.