MAXIMUS Federal Services

Case Number:	CM14-0162856		
Date Assigned:	10/08/2014	Date of Injury:	08/16/2013
Decision Date:	11/10/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	10/03/2014

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 Internal Medicine and Pulmonary Disease 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:

The injured worker is a 35-year-old female who reported an injury on 08/16/2013. The mechanism of injury was not provided. The injured worker has a diagnosis of lumbar spondylosis with myelopathy, thoracic spondylosis without myelopathy, tendinitis/bursitis of the right hand/wrist, and partial tear of rotator cuff tendon of the right shoulder. The past medical treatment included medications, acupuncture. Diagnostic testing included an MRI of the cervical spine on 07/25/2014, and a MRI of the thoracic spine on 05/12/2014. The surgical history was not provided. The injured worker complained of intermittent moderate pain to the lumbar spine, described as sharp and aching, on 06/18/2014. The pain was aggravated by bending forward at the waist and prolonged standing. The injured worker complained of frequent slight pain of the thoracic spine that the injured worker described as dull and was aggravated by bending forward at the waist. The injured worker complained of intermittent minimal pain at the right shoulder that was best described as dull and was made worse by using the arms. The injured worker complained of frequent moderate pain to the cervical spine that was described as aching and was aggravated by lifting. The physical examination of the cervical spine revealed there was +3 spasm and tenderness to the bilateral paraspinal muscles from C2-7, bilateral sub-occipital muscles, and bilateral upper shoulder muscles. The axial compression test was positive bilaterally for neurological compromise, distraction test was positive bilaterally, and shoulder depression test was positive bilaterally. The physical examination of the thoracic spine revealed there was +3 spasm and tenderness of the bilateral paraspinal muscles from T1-8. The thoracic range of motion was measured by an external goniometer or digital protractor. The physical examination of the lumbar spine revealed there was +3 spasm and tenderness to the bilateral lumbar paraspinal muscles from L4-S1 and multifidus. The lumbar range of motion was measured by an external goniometer or digital protractor, Kemp's test was positive bilaterally,

and straight leg raise test was positive on the right. There was also a Yeoman's test that was positive bilaterally, and Braggard's test was positive on the right. The physical examination of the shoulders revealed there was +3 spasm and tenderness to the right rotator cuff muscle and right upper shoulder muscles. The shoulder range of motion was measured by a digital protractor, Speed's test was positive on the right, and supraspinatus test was positive on the right. Medications included topical compound cream (containing lidocaine 6%, gabapentin 10%, tramadol 10%), topical compound for muscular pain (flurbiprofen 15%, cyclobenzaprine 2%, baclofen 2%, lidocaine 5%), Naproxen sodium 550 mg. The treatment plan is for 1 topical compound cream (lidocaine %, gabapentin 10%, Ketoprofen 10%) 180 gm with 2 refills. The rationale for the request was not submitted. The Request for Authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Topical Compound Cream (Lidocaine %, Gabapentin 10%, Ketoprofen 10%) 180 grams with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: The request for 1 Topical Compound Cream (Lidocaine %, Gabapentin 10%, Ketoprofen 10%) 180 grams with 2 refills is not medically necessary. The injured worker complained of intermittent moderate pain to the lumbar spine, described as sharp and aching, on 06/18/2014. The California MTUS guidelines recommend topical analgesics primarily for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines recommend the use of Lidocaine for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The guidelines do not recommend Gabapentin for topical application as there is no peer-reviewed literature to support use. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines do not recommend Gabapentin and Lidocaine for topical application as there is no peer reviewed literature to support their use. 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 all primary and secondary treatment options have been exhausted. Additionally, the request does not indicate the dosage, frequency, quantity, and the application site. As such, the request for 1 Topical Compound Cream (Lidocaine %, Gabapentin 10%, Ketoprofen 10%) 180 grams with 2 refills is not medically necessary.

1 Topical Compound Cream (Flurbiprofen 15%, Cyclobenzaprine 2%, Baclofen 2%, Lidocaine 5%) 180 grams with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Workers' Compensation, Chapter: Pain, Topical Analgesics, Non-steroidal anti-inflammatory agents (NSAIDs)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: The request for 1 Topical Compound Cream (Flurbiprofen 15%, Cyclobenzaprine 2%, Baclofen 2%, Lidocaine 5%) 180 grams with 2 refills is not medically necessary. The injured worker complained of intermittent moderate pain to the lumbar spine, described as sharp and aching, on 06/18/2014. The California MTUS guidelines recommend topical analgesics primarily for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The California MTUS guidelines note topical NSAIDs are recommended for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder and use with neuropathic pain is not recommended as there is no evidence to support use. The guidelines state Baclofen is not recommended for topical application as there is no peer-reviewed literature to support the use of topical baclofen. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain; no other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The guidelines note there is no evidence for the use of any other muscle relaxant as a topical product. The guidelines also state that any compound product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines do not recommend Baclofen, Cyclobenzaprine, or Lidocaine in cream form 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 all primary and secondary treatment options have been exhausted. Additionally, the request does not indicate the dosage, frequency, quantity, and the application site. As such, the request for 1 Topical Compound Cream (Flurbiprofen 15%, Cyclobenzaprine 2%, Baclofen 2%, Lidocaine 5%) 180 grams with 2 refills is not medically necessary.