

<b>Case Number:</b>	CM14-0176701		
<b>Date Assigned:</b>	10/30/2014	<b>Date of Injury:</b>	02/08/2006
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	09/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2014

### 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 Interventional Spine 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:

This patient is a 50-year old male with an injury date of 2/08/06. No PR2 was submitted with treatment request. Based on the 11/05/13 progress report by [REDACTED] this patient complains of "pain in the low back and neck pains. The current medication is managing his pain to a tolerable level and allows him an adequate level of functionality." Patient is able to "drive, cook light meals, do light house chores and is able to care for himself without assistance." Furthermore, no changes to his medication since his last appointment. Surgical history: right shoulder surgery in 2007 and neck surgeries on 09/21/11 and 10/21/11. Current medication regimen allowed him an adequate level of functionality: clonidine, Lyrica, Suboxone, Zoloft, and omeprazole. Exam revealed local pain over the left L4-L5, L5-S1 level overlying the gluteus muscle and multifidus muscle. This patient's diagnoses were: 1. Post-laminectomy Syndrome Cervical Region. 2. Thoracic/lumbosacral Neuritis/radiculitis Unspec. 3. Other Chronic Post-operative Pain. Work status as of 11/05/13: Patient is not working and is currently unemployed but is on "disability or workman's comp." -6/17/13: Pain is "made worse by increased activity and sitting a long time, whereas it gets better by taking medications and resting." This patient is also able to do his daily chores during the day. Patient states that the "current medication regimen continues to reduce his pain level to a tolerable level." Physician states "Tulio continues to remain stable on his current regimen," which includes: suboxone, omeprazole, Cymbalta, and Lyrica. -8/08/13: Report is the same from 6/17/13 (previous) with the exception that patient is also taking clonidine 0.1mg/24 hr weekly Transderm patch, 1 every 8 hours for 30 days, dispense 90. -9/10/13: Able to continue activities as described in June and August of 2013, but still has "significant breakthrough pain regarding the current maintenance regimen." -10/18/13: Patient states he feels "his condition is getting worse," but "his medications help him get through the

day." Patient is about 60% functional during the day" and is able to "walk, drive and care for his kids during the day."The utilization review being challenged is dated 10/21/14. The request is for RETRO - Flurbiprofen/lidocaine/amitriptyline with a dos 12/03/13 and RETRO - Gabapentin/cyclobenzaprine/tramadol with a dos of 12/3/13. Reviewer denied the request based on the fact the patient's pain is well controlled on the current regimen and these types of topical analgesics are not recommended by guidelines. The requesting provider is [REDACTED] and he has provided various reports from 6/22/06 to 11/05/13.

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

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

#### **Retrospective request for Flurbiprofen/lidocaine/amitriptyline with a dos 12/03/2013:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

**Decision rationale:** This patient presents with ongoing chronic back and neck pain. The physician request is for RETRO - Flurbiprofen/lidocaine/amitriptyline with a dos 12/03/13. According to MTUS guidelines, topical NSAIDS are indicated for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment and recommended for short term use (4-12 weeks). Also, MTUS guidelines state: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Per the 10/03/13 report, the patient's current oral medication regimen is adequately managing his pain" and "allowing an adequate level of functionality. Current medication regimen allows him to manage his pain to a tolerable level. Given this patient is able to participate in ADLs, in care for self and his children, there is no indication of why this patient would require a topical analgesic as a medical necessity as patient's pain is well controlled on the current regimen. Furthermore, Lidocaine is only recommended in patch formulation and not as a topical lotion or cream, and only indicated for neuropathic pain that is peripheral or localized. Therefore, Retrospective request for Flurbiprofen/lidocaine/amitriptyline with a dos 12/03/2013 is not medically necessary.

#### **Retrospective request for Gabapentin/cyclobenzaprine/tramadol with a dos of 12/03/2013:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

**Decision rationale:** This patient presents with ongoing chronic back and neck pain. The physician request is for RETRO - Gabapentin/cyclobenzaprine/tramadol with a dose of 12/3/13. According to MTUS guidelines, topical NSAIDs are indicated for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment and recommended for short term use (4-12 weeks). Also, MTUS guidelines state: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Per the 10/03/13 report, the patient's current oral medication regimen is adequately managing his pain and allowing an adequate level of functionality." There is no indication of why this patient requires a topical analgesic as the pain is well controlled on the current regimen. Also, given that both Gabapentin (and any other antiepilepsy drugs) and cyclobenzaprine (muscle relaxants) are not recommended as topical formulations. Therefore, Retrospective request for Gabapentin / cyclobenzaprine / tramadol with a dose of 12/03/2013 is not medically necessary.