MAXIMUS Federal Services

| Case Number: | CM14-0028120 | | |
|---|---|---|---|
| Date Assigned: | 06/13/2014 | Date of Injury: | 03/27/2013 |
| Decision Date: | 07/21/2014 | UR Denial Date: | 02/26/2014 |
| Priority: | Standard | Application Received: | 03/05/2014 |

## 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 Pain Medicine & 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:

The patient is a 48-year-old male with a date of injury of 03/27/2013. The listed diagnoses per [redacted] are:1.Lumbar disk displacement with myelopathy.2.Thoracic disk displacement without myelopathy.3.Sciatica.According to progress report 02/05/2014 by [redacted], the patient presents with complaints of constant severe pain described as throbbing and sharp in the lumbar and thoracic spine area. Examination revealed +4 spasm and tenderness to the bilateral lumbar paraspinal muscles from L3 to S1. Kemp's test, straight leg raise, and Yeoman's test were positive bilaterally. Treater states the patient is to be prescribed inflammation topical compound cream and muscular pain topical cream. Utilization review denied the request for both topical compound creams on 02/25/2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**1. 1 PRESCRIPTION OF LIDOCAINE 6%, GABAPENTIN 10%, TRAMADOL 10% CREAM 180GM #1 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.

**Decision rationale:** This patient presents with complaints of constant severe lumbar spine and thoracic spine pain. The treater is recommending an "inflammation topical compound cream (lidocaine 6%, gabapentin 10%, and tramadol 10%)." The MTUS Guidelines regarding topical analgesics states that it is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." Gabapentin is not recommended as a topical formulation, therefore the entire compound cream is not recommended.

**2. 1 PRESCRIPTION OF FLURBIPROFEN 15%, CYCLOBENZAPRINE 2%, BACLOFEN 2%, LIDOCAINE 5% CREAM 180GM #1 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.

**Decision rationale:** This patient presents with complaints of severe constant pain in the lumbar spine and thoracic spine. The treater is recommending a "muscular pain topical cream (flurbiprofen 15%, cyclobenzaprine 2%, baclofen 2%, and lidocaine 5%)." For Flurbiprofen, MTUS states, "the efficacy in clinical trials for this treatment modality has been inconsistent, and most studies are small and of short duration. Topical NSAIDs had been shown in the meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis. Indications for use are osteoarthritis and tendinitis (in particular, that of the knee and elbow) or other joints that are amendable to topical treatment." In this case, the patient does not meet the indication for the topical medication as he does not present with any osteoarthritis or tendonitis symptoms. In addition, Lidocaine is only allowed in a patch form and not allowed in cream, lotion or gel forms. The MTUS Guidelines p 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." Recommendation is for denial.