

<b>Case Number:</b>	CM14-0032336		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	03/01/2005
<b>Decision Date:</b>	08/20/2014	<b>UR Denial Date:</b>	02/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2014

### 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 Pain 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:

The injured worker is a 68-year-old female who reported an injury on 03/01/2005. The mechanism of injury was not provided in the medical records submitted for review. Documented on the clinical note dated 01/22/2014, the injured worker complained of increasing back pain, especially with repetitive bending or twisting. Physical examination of the low back revealed tenderness and spasm. Range of motion was noted about to be 50% of normal and there was minimal to mild L5-S1 radiculopathy on the left side. Diagnostic studies were not provided in the medical records submitted for review. The injured worker's diagnoses included low back pain, degenerative disc disease, and sciatica. Previous treatments included physical therapy. Medications notated included Lodine, Prilosec, flurbiprofen/gabapentin/lidocaine, and a Terocin patch; the dosages and frequency of the medications were not provided in the medical records submitted for review. The physician's treatment plan included recommendations for 12 sessions of physical therapy and medication refills. The provider's request was for a compound medication flurbiprofen 1 gram, gabapentin 1 gram, lidocaine 0.6 grams, and Ultraderm 7.4 grams. The request for authorization form and rationale were not provided in the medical records submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective DOS: 1/22/14: Compound Medication: Flurbiprofen 1 gram, Gabapentin 1 gram, Lidocaine 0.6 grams, Ultraderm 7.4 grams: 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:** The request for compound medication flurbiprofen 1 gram, gabapentin 1 gram, lidocaine 0.6 grams, and Ultraderm 7.4 grams is non-certified. The injured worker has a history of low back pain and to have taken medications and participated in physical therapy for treatment. The California MTUS Guidelines state topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines note any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines recommend the use of topical NSAIDs 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. The guidelines recommend topical 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 and no other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The guidelines state gabapentin is not recommended for topical application as there is no peer-reviewed literature to support its use. There is a lack of documentation to indicate if the medication is providing significant symptomatic relief. There is also lack of documentation to indicate the injured worker failed treatment with first line medications. The guidelines do not recommend gabapentin for topical application and Lidocaine in cream form for topical application. As with the guideline recommendations that any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended, the medication would not be recommended due to the gabapentin and Lidocaine. As such, the request for compound medication flurbiprofen 1 gram, gabapentin 1 gram, lidocaine 0.6 grams, and Ultraderm 7.4 grams is non-certified.