

Case Number:	CM14-0033376		
Date Assigned:	06/20/2014	Date of Injury:	08/17/2011
Decision Date:	08/18/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/17/2014

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 33-year-old male who reported a fall from a ladder on 08/17/2011. On 12/09/2013, he complained of burning, aching sharp pain in his neck, with associated soreness and stiffness. The pain radiated behind his ears. He stated that he had had headaches with pain in the neck and trapezius muscles. The pain radiated to both shoulders. He described the pain in his shoulders as burning. He further complained of occasional left elbow pain. He also complained of left dorsal hand pain. He had further complaints of central and right-sided aching, sharp low back pain. The pain radiated down to his right lower extremity and there was associated numbness and cramping. He also described a "cracking" sensation in both knees. His diagnoses included musculoligamentous strain of the cervical/trapezial region, small disc bulging per cervical MRI, musculoligamentous strain of the lumbosacral spine, clinical evidence suggesting right lumbar radiculopathy, disc pathology at L4-5 with bulging and annular abnormality per MRI, no clinical evidence of upper extremity injury or residuals, and chronic bilateral knee patellofemoral syndrome. In a progress note of 05/16/2014, he rated his cervical spine pain at 7/10, his lumbar spine pain at 8/10, his left elbow pain at 3/10, his bilateral wrist pain at 3/10, and his bilateral knee pain at 4/10. There was no rationale or Request for Authorization included in this worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

FlurLido-A (flurbiprofen 20%; lidocaine 5%; amitriptyline 5%) - QTY: 240 GM with 4 refills:

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, Topical Analgesics Page(s): 111-113.

Decision rationale: The request for FlurLido-A, flurbiprofen 20%/lidocaine 5%/amitriptyline 5%, quantity 240 grams with 4 refills is non-certified. California MTUS Guidelines refer to topical analgesics as largely experimental with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compound in combination for pain control, including NSAIDs, local anesthetics, and antidepressants. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug or drug class that is not recommended, is not recommended. There was no documentation of previously failed trials of NSAIDs, antidepressants, or anticonvulsants. FlurLido-A contains lidocaine. Lidocaine is recommended for localized peripheral pain after there has been evidence of trials of first-line therapy, including antidepressants or antiepileptic drugs. The only form of FDA approved topical application of lidocaine, is a dermal patch for neuropathic pain. Additionally, since this worker has numerous body parts in which he was experiencing pain, no body part for application of this cream was specified in the request. Therefore, this request for FlurLido-A, flurbiprofen 20%/lidocaine 5%/amitriptyline 5%, quantity 240 grams with 4 refills is non-certified.

UltraFlex-G (gabapentin 10%; cyclobenzaprine 6%; tramadol 10%) 240GM with 4 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: California MTUS Guidelines refer to topical analgesics as largely experimental with few randomized control trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compound in combination for pain control, including NSAIDs, local anesthetics, and antidepressants. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug or drug class that is not recommended, is not recommended. There was no significant documentation of previously failed trials of NSAIDs, antidepressants, or anticonvulsants. UltraFlex -G contains gabapentin. Gabapentin is not recommended. There is no peer-reviewed literature to support its use. Additionally, since this

worker has numerous body parts in which he was experiencing pain, no body part for application of this cream was specified in the request. Therefore, this request for UltraFlex-G (gabapentin 10%/cyclobenzaprine 6%/tramadol 10%) 240 grams with 4 refills is not medically necessary and appropriate.

FlurLido-A (flurbiprofen 20%; lidocaine 5%; amitriptyline 5%) QTY 30 GM: 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: California MTUS Guidelines refer to topical analgesics as largely experimental with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compound in combination for pain control, including NSAIDs, local anesthetics, and antidepressants. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug or drug class that is not recommended, is not recommended. There was no documentation of previously failed trials of NSAIDs, antidepressants, or anticonvulsants. FlurLido-A contains lidocaine. Lidocaine is recommended for localized peripheral pain after there has been evidence of trials of first-line therapy, including antidepressants or antiepileptic drugs. The only form of FDA approved topical application of lidocaine, is a dermal patch for neuropathic pain. Additionally, since this worker has numerous body parts in which he was experiencing pain, no body part for application of this cream was specified in the request. Therefore, this request for FlurLido-A, flurbiprofen 20%/lidocaine 5%/amitriptyline 5%, quantity 240 grams with 4 refills is not medically necessary and appropriate.

UltraFlex-G (gabapentin 10%; cyclobenzaprine 6%; tramadol 10%) QTY: 30G: 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: California MTUS Guidelines refer to topical analgesics as largely experimental with few randomized control trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compound in combination for pain control, including NSAIDs, local anesthetics, and antidepressants. There is little to no research to support the use of many of these agents. Any

compounded product that contains at least 1 drug or drug class that is not recommended, is not recommended. There was no significant documentation of previously failed trials of NSAIDs, antidepressants, or anticonvulsants. UltraFlex -G contains gabapentin. Gabapentin is not recommended. There is no peer-reviewed literature to support its use. Additionally, since this worker has numerous body parts in which he was experiencing pain, no body part for application of this cream was specified in the request. Therefore, this request for UltraFlex-G (gabapentin 10%/cyclobenzaprine 6%/tramadol 10%) 240 grams with 4 refills is not medically necessary and appropriate.