

<b>Case Number:</b>	CM14-0036652		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	07/27/2012
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	03/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2014

### 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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Tennessee. 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:

Patient is a 33-year-old male who has submitted a claim for displacement of lumbar intervertebral disc without myelopathy, myalgia, and lumbar herniation at L4 to L5 associated with an industrial injury date of 7/27/2012. Medical records from 2013 to 2014 were reviewed. Patient complained of low back pain radiating to bilateral lower extremities associated with numbness, rated 8/10 in severity. Aggravating factors included prolonged sitting, standing, walking, bending, pushing, pulling, and lifting heavy objects. Physical examination of the lumbar spine showed tenderness, muscle guarding, and restricted range of motion. There was radiating pain to the lower back area upon straight leg raise test bilaterally at 60 degrees. Gait was normal. Reflexes and sensory were intact. Treatment to date has included activity restrictions, acupuncture, interferential unit, and medications such as Naproxen, Omeprazole, and topical creams. Utilization review from the 3/7/2014 denied retrospective requests for Flurbiprofen 20% Lidocaine 5% Amitriptyline HCL Powder 5% Ultra Derm (DOS 05/18/2013), Gabapentin Powder 10% Cyclobenzaprine 5% Tramadol 10% Ultra Derm (DOS 05/18/2013), Flurbiprofen 20% Lidocaine 5% Amitriptyline HCL Powder 5% UltraDerm, and Gabapentin Powder 10% Cyclobenzaprine 5% Tramadol 10% Ultra Derm because of limited published studies concerning its efficacy and safety.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Flurbiprofen 20% Lidocaine 5% Amitriptyline HCL Powder 5% Ultra Derm (DOS 05/18/2013): 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:** As noted on pages 111-113 in the CA MTUS Chronic Pain Medical Treatment Guidelines, there is little to no research as for the use of Flurbiprofen in compounded products. Topical formulations of lidocaine (whether creams, lotions or gels) are not indicated for neuropathic or non-neuropathic pain complaints. Amitriptyline is a tricyclic antidepressant considered first-line agents, but there is no discussion regarding topical application of this drug. In this case, the topical cream is prescribed as adjuvant therapy to oral medications. However, it contains Flurbiprofen, Lidocaine, and Amitriptyline which are not recommended for topical use. Guidelines state that any compounded product that contains a drug class that is not recommended is not recommended. Therefore, the retrospective request for Flurbiprofen 20% Lidocaine 5% Amitriptyline HCL Powder 5% Ultra Derm (DOS 05/18/2013) is not medically necessary.

**Retrospective request for Gabapentin Powder 10% Cyclobenzaprine 5% Tramadol 10% Ultra Derm (DOS 05/18/2013): 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:** As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Cyclobenzaprine is a skeletal muscle relaxant and there is no evidence for use of any muscle relaxant as a topical product. Gabapentin is not recommended for use as a topical analgesic. The topical formulation of Tramadol does not show consistent efficacy. In this case, the topical cream is prescribed as adjuvant therapy to oral medications. However, it contains Gabapentin, Cyclobenzaprine, and Tramadol which are not recommended for topical use. Guidelines state that any compounded product that contains a drug class that is not recommended is not recommended. Therefore, the retrospective request for Gabapentin Powder 10% Cyclobenzaprine 5% Tramadol 10% Ultra Derm (DOS 05/18/2013) is not medically necessary.

**Retrospective Flurbiprofen 20% Lidocaine 5% Amitriptyline HCL Powder 5% Ultra Derm (DOS 05/24/2013): 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:** As noted on pages 111-113 in the CA MTUS Chronic Pain Medical Treatment Guidelines, there is little to no research as for the use of Flurbiprofen in compounded products. Topical formulations of lidocaine (whether creams, lotions or gels) are not indicated for neuropathic or non-neuropathic pain complaints. Amitriptyline is a tricyclic antidepressant considered first-line agents, but there is no discussion regarding topical application of this drug. In this case, the topical cream is prescribed as adjuvant therapy to oral medications. However, it contains Flurbiprofen, Lidocaine, and Amitriptyline which are not recommended for topical use. Guidelines state that any compounded product that contains a drug class that is not recommended is not recommended. Therefore, the retrospective request for Flurbiprofen 20% Lidocaine 5% Amitriptyline HCL Powder 5% Ultra Derm (DOS 05/24/13) is not medically necessary.

**Retrospective Gabapentin Powder 10% Cyclobenzaprine 5% Tramadol 10% Ultra Derm (DOS 06/24/2013):** Upheld

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

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