

<b>Case Number:</b>	CM14-0036913		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	05/18/2010
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	02/26/2014
<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 Physical Medicine & Rehabilitation 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 61-year-old female who reported an injury on 05/18/2010. The mechanism of injury was not provided. The clinical note dated 11/14/2013 indicated diagnoses of displacement of lumbar intervertebral disc without myelopathy, thoracic or lumbosacral neuritis or radiculitis unspecified, lumbar facet joint syndrome, and insomnia. The injured worker reported constant pain in her low back that radiated to her right leg and toes, described as spasmodic with pain rating of 7/10. She reported having difficulty falling asleep and would wake up during the night due to the pain. She also reported reduced daytime alertness due to medication and headaches. The injured worker reported her pain was aggravated by prolonged sitting, standing, walking, repetitive bending, repetitive neck bending, stooping, kneeling, squatting, twisting, carrying, pushing, and pulling. In addition, she reported her pain was reduced with rest, heat and the uses of a back brace. The injured worker reported she sleeps 2 hours per night without medication and sleeps 5 hours per night with medication. She underwent an epidural steroid injection which was reported to help slightly. On physical examination, the injured worker ambulated with an antalgic gait favoring the right. In addition, the lumbar spine examination revealed Kemp's test/facet, heel walk L5, and toe walk S1 were positive on both sides. Extradural involvement sciatic tension was positive bilaterally. She had a positive straight leg raise test for pain along the sciatic distribution bilaterally and reflexes for the ankles were absent on the right and diminished on the left. The injured worker had a sensory deficit of the anterolateral thigh, anterolateral leg, and mid dorsal foot on the right with distorted superficial tactile sensibility corresponding the L5 dermatome. There was motor deficit of extensor hallucis longus on the right and complete active range of motion against gravity with some resistance corresponding to the L5 myotome. At levels L3-4, L4-5, and L5-S1 there was tenderness to palpation over the paraspinal muscles with guarding and spasms bilaterally, right greater than

left. At levels L3-4, L4-5, and L5-S1 there was tenderness to palpation over the spinal and at levels L3-4, L4-5, and L5-S1 palpation revealed severe tenderness at the facet joints bilaterally, right greater than the left. The injured worker had tenderness at the S1 on the right and palpation revealed severe tenderness at the sciatic nerve on the right. Range of motion of the lumbar spine was decreased. The injured worker's prior treatments included diagnostic imaging and medication management. Her medication regimen included Tizanidine and topical compounds. The submitted request was for topical compounds however, a request for authorization was not submitted for review.

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

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

**Retrospective request for medications Flurbiprofen/Lidocaine/Amitriptyline, Gabapentin/Cyclobenzaprine/Tramadol (duration unknown and frequency 2-3 times a day) (DOS 12/09/2013): 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, Flurbiprofen, Lidocaine, Gabapentin, Cyclobenzaprine, Tramadol Page(s): 111, 72, 112, 113, 41, 82.

**Decision rationale:** The request for retrospective request for medications Flurbiprofen/Lidocaine/Amitriptyline, Gabapentin/Cyclobenzaprine/Tramadol (duration unknown and frequency 2-3 times a day) (DOS 12/09/2013) is not medically necessary. The CA MTUS states that topical analgesics are largely experimental in use 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. It was not indicated the injured worker had tried and failed antidepressants or anticonvulsants. In addition, flurbiprofen is not currently FDA approved for topical application. The approved oral route of administration for flurbiprofen includes oral tablets and ophthalmologic solution. A search of the National Library of Medicine, National Institute of Health (NLM/NIH) database demonstrated no high quality human studies evaluating the safety and efficacy of this medication through dermal patches or topical administration. In addition, the Guidelines indicate that topical lidocaine in the form of Lidoderm may be recommended for localized peripheral pain after there has been evidence of a trial of first line therapy such as tricyclic, SNRI antidepressants, or an AED such as gabapentin or Lyrica. No other commercially approved topical formulation of lidocaine, whether creams, lotions, or gels, are indicated for neuropathic pain. Also, gabapentin is not recommended. There is no peer reviewed literature to support its use. Any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. A thorough search of FDA.gov did not indicate there is a formula of topical tramadol that has been FDA approved. The approved form of tramadol is for

oral consumption. Furthermore, the request did not indicate a quantity or dosage. Therefore, per the California MTUS Guidelines, the request for retrospective request for medications Flurbiprofen/Lidocaine/Amitriptyline, Gabapentin/Cyclobenzaprine/Tramadol (duration unknown and frequency 2-3 times a day) (DOS 12/09/2013) is not medically necessary.