

Case Number:	CM14-0039524		
Date Assigned:	06/27/2014	Date of Injury:	01/10/2014
Decision Date:	08/18/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/03/2014

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 Medicine and is licensed to practice in Florida. 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 46-year-old male who reported an injury on 01/10/2014. The mechanism of injury was not provided within the medical records. The clinical note dated 03/12/2014 indicated diagnoses of cervical disc herniation without myelopathy, lumbar disc displacement without myelopathy, thoracic sprain/strain, rotator cuff sprain/strain of the bilateral shoulders, and temporomandibular joint disorder. The injured worker reported bilateral shoulder pain that was constant, described as sharp and aggravated by prolonged sitting. The injured worker reported tingling in the shoulders that extended to the neck. The injured worker reported cervical spine pain that was constant, described as throbbing and sharp, that was aggravated by twisting and turning. The injured worker reported the neck pain caused dizziness. The injured worker reported lumbar spine moderate pain that was described as sharp. The pain was made worse with prolonged sitting and prolonged standing. The injured worker reported bottom lip pain that was moderate, described as sore, which was increased with eating. The injured worker reported numbness and tingling to the area. The injured worker complained of moderate jaw pain that was described as sore, aggravated by eating and chewing. The injured worker reported tenderness to the touch and the injured worker reported thoracic spine intermittent pain that was described as aching, made worse by bending and prolonged sitting. On physical exam of the cervical spine, there was 3+ spasms and tenderness to the bilateral paraspinal muscles from C4 to C7, bilateral suboccipital muscles, temporalis muscles, and masseter muscles. The cervical range of motion was measured by an external goniometer or digital protractor and axial compression test was positive bilaterally for neurological compromise. The injured worker's distraction test was positive bilaterally, shoulder depression was positive bilaterally, and the injured worker's right biceps reflex was decreased. The injured worker's brachioradialis reflex was decreased. The injured worker's thoracic exam revealed +3 spasms and tenderness to the bilateral paraspinal

muscles from T8 to T10. Thoracic range of motion was measured by an external goniometer or digital protractor. The injured worker's lumbar examination was +3 spasm and tenderness to the bilateral lumbar paraspinous muscles from L3 to S1 and multifidus. Lumbar range of motion was measured by an external goniometer or digital protractor, Kemp's test was positive bilaterally, Yeoman's was positive bilaterally, the left patellar reflex was decreased, and the right patellar reflex was decreased. The injured worker's shoulder exam was +3 spasm, tenderness to the bilateral rotator cuff muscle and bilateral upper shoulder muscles, shoulder range of motion was measured by an external goniometer or digital protractor, Speed's test was positive bilaterally, and supraspinatus test was positive bilaterally. The injured worker completed 6 sessions of physical therapy. The injured worker's prior treatments included diagnostic imaging, physical therapy, and medication management. The injured worker's medication regimen included topical compounds and Ambien. The provider submitted a request for topical compounds. A request for authorization dated 03/12/2014 was submitted for topical compounds; however, a rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound cream medication Lidocaine 6%, Gabapentin 10%, Tramadol 10% (180 gram with two 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 (Lidocaine, Gabapentin, Tramadol) Page(s): 82, 111-113. Decision based on Non-MTUS Citation FDA.gov.

Decision rationale: The request for Compound cream medication Lidocaine 6%, Gabapentin 10%, Tramadol 10% (180 gram with two refills) is not medically necessary. The California MTUS indicates that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical analgesics are largely experimental in use. It was not indicated that the injured worker had tried and failed first line therapies. In addition, there was a lack of documentation of efficacy and functional improvement with the use of this medication. Moreover, lidocaine is only approved as Lidoderm in the form of the Lidoderm patch. No other commercially approved topical formulations of lidocaine whether creams, lotions, or gels are indicated for neuropathic pain. Gabapentin is not recommended. There is no peer-reviewed literature to support its use. Per the Guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Moreover, a thorough search of FDA.gov did not indicate there was a formulation of topical tramadol that has been FDA approved. The approved form of tramadol is for oral consumption, which is not recommended as a first line therapy. Furthermore, the request did not indicate a frequency or quantity for this medication. Therefore, the request for Compound cream medication Lidocaine 6%, Gabapentin 10%, Tramadol 10% (180 gram with two refills) is not medically necessary.

Compound cream medication Flurbiprofen 15%, Cyclobenzaprine 2%, Baclofen 2%, Lidocaine 5% (180 grams with two 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 (Cyclobenzaprine, Baclofen, Lidocaine) Page(s): 41, 111-113.

Decision rationale: The request for Compound cream medication Flurbiprofen 15%, Cyclobenzaprine 2%, Baclofen 2%, Lidocaine 5% (180 grams with two refills) is not medically necessary. The California MTUS indicates that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical analgesics are largely experimental and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. It was not indicated that the injured worker had tried and failed antidepressants or anticonvulsants. In addition, there was a lack of documentation of efficacy of functional improvement with the use of this medication. Moreover, cyclobenzaprine is a topical muscle relaxant and there is no evidence for use of any other muscle relaxant as a topical product. There is no peer-reviewed literature to support the use of topical baclofen. The California MTUS indicate that topical lidocaine is only approved in the form of the Lidoderm patch. No other commercially approved topical formulations of lidocaine whether creams, lotions, or gels are indicated for neuropathic pain. In addition, the request did not indicate a frequency or quantity for the use of this medication. Therefore, the request is not medically necessary.