

<b>Case Number:</b>	CM14-0054327		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	09/28/2000
<b>Decision Date:</b>	08/18/2014	<b>UR Denial Date:</b>	03/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2014

### 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 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 55-year-old male who reported an injury on 09/28/2000. The mechanism of injury was lifting. The injured worker complained of pain to the lower back. He rated the severity of his pain at 5-7/10. On 02/04/2013, an MRI of the lumbar spine was performed. On 04/03/2014, the physical examination revealed that the injured worker was walking with an antalgic gait. He was mildly flexed at the waist when walking and sitting, due to back pain. The provider noted the injured worker was taking Tramadol and was using a pain cream. The injured worker had diagnoses of chronic pain and right leg radiculopathy, status post L4-5 and L5-S1 anterior and posterior fusion, and hypertension. The injured worker's prior treatments included physical therapy, epidural steroid injections, and medications. The injured worker's medication regimen included Lisinopril 40 mg, Tramadol, and Topical Pain Cream. The provider's treatment plan was to manage the injured worker's pain to prevent elevated blood pressure. The request for authorization form 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:

**Ibuprofen With Lidocaine Ultra Cream 240gm with 3 Refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**Decision rationale:** The injured worker has a history of persistent back pain. The CA MTUS guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines note NSAIDs are recommended for topical application 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. In addition, the guidelines state that there are no other commercially approved topical formulation of Lidocaine (whether creams, lotions or gels) that are indicated for neuropathic pain other than Lidoderm. The requesting physician did not provide a clear rationale for the requested topical cream. As the guidelines note any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended and the requested topical medication contains Lidocaine in cream form, the medication would not be indicated. There is a lack of documentation indicating the injured worker has neuropathic pain. There is a lack of documentation indicating the injured worker has a diagnosis of osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. Additionally, the request does not indicate the frequency at which the medication is prescribed as well as the site at which it is to be applied in order to determine the necessity of the medication. Given the above, the request for Ibuprofen with Lidocaine Ultra Cream 240gm with 3 Refills is not medically necessary.