

<b>Case Number:</b>	CM14-0078029		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	10/05/2009
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	04/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2014

### 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 47-year-old female who reported an injury on 10/05/2009 due to falling off of a 7 foot ladder. The injured worker has diagnoses of cervical myospasm, cervical radiculopathy, cervical sprain/strain, lumbar disc protrusion, lumbar myospasm, lumbar radiculopathy, lumbar sprain/strain, right shoulder impingement syndrome, right shoulder pain, right shoulder sprain/strain, right knee internal derangement, right knee pain, and right knee sprain/strain. Past medical treatment for the injured worker includes acupuncture, aquatic pool therapy, LINT, biofeedback, physical therapy, and medication therapy. Medications include hydrocodone 5/500 mg, omeprazole 20 mg, cyclobenzaprine 7.5 mg, and topical compound creams. The duration and frequency were not submitted in the report. On 04/12/2010, an MRI of the lumbar spine was done and revealed that L2-3, L3-4, L4-5, and L5-S1 disc levels had multiple measurements of 2 to 3 mm posteriorly along with disc desiccation and hypertrophic facet changes. The injured worker complained of bilateral lower extremity pain, with weakness along the right side greater than the left. The injured worker also stated that her pain was about a 5/10 in the lower extremity on the right side and about a 3-4/10 on the left side. The injured worker stated that she had some weakness along with numbness, tingling, and burning sensation in the digital area throughout the day and at night time. The physical examination dated 03/07/2014 revealed that the injured worker had pain to palpation of bilateral tibial/fibular shafts, right greater than left. There was pain with palpation of the bilateral talocalcaneal joints, right greater than left. It was also noted that there was pain with palpation of the bilateral sinus tarsi. The injured worker also had pain to palpation of the bilateral peroneals and with distraction/impaction of the bilateral ankle joints, right greater than left. Upon weight bearing exam, the injured worker revealed an antalgic gait, putting all the pressure on the contralateral side without use of any assistive device. Ankle joint dorsiflexion on the left side was decreased

by 10% and the right side was decreased by 20%. Upon examination, it was noted that the tibialis anterior, tibialis posterior, peroneus longus, peroneus brevis, gastro soleus, and lateral sural were all 4/5 bilaterally. The treatment plan is for the injured worker to continue the use of compound cream medication, one to include flurbiprofen 20%/tramadol 20% and the second gabapentin 10%/dextromethorphan 10%/amitriptyline 10%. The rationale is to try to decrease the injured worker's pain levels. The request for authorization form was submitted on 03/03/2014.

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

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

**Compound cream medication: Flurbiprofen 20% /Tramadol 20% in Mediderm Base:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Flurbiprofen, SSRIs, Topical analgesics, pages 72, 107, 111-113 Page(s): 72, 107, 111-113.

**Decision rationale:** The request for Compound cream medication: Flurbiprofen 20% /Tramadol 20% in Mediderm Base is non-certified. The injured worker complained of bilateral lower extremity pain, with weakness along the right side greater than the left. The injured worker also stated that her pain was about a 5/10 in the lower extremity on the right side and about a 3-4/10 on the left side. The MTUS Guidelines state that topical medications are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The MTUS Guidelines recommend lidocaine (Xolido) for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. It is not recommended for non-neuropathic pain. Guidelines also state any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The efficacy in clinical trials for this type of treatment modality has been inconsistent and most studies are small and of short duration. Given the above guidelines, the medication is not within the MTUS Guidelines. In regards to the flurbiprofen, it is an NSAID and topical treatment can result in blood concentrations and systemic effect comparable to those from oral forms and caution should be used for patients at risk, including those with renal failure. The submitted report lacked any quantified evidence as to whether the injured worker had tried and failed any conservative care, such as tricyclic or SNRI antidepressants. Furthermore, there was a lack of subjective complaints of neuropathic pain. There was also no rationale as to why the injured worker would require a topical lotion versus any oral medications. Flurbiprofen is an NSAID which, with long term use, can cause ulcers or GI problems to the injured worker. Given the above guidelines, the request for the compound medication is not necessary. Furthermore, the request submitted did not include a dose, frequency, or duration on the compounded cream. As such, the request is non-certified.

**Gabapentin 10% /Dextromethorphan 10% / Amitriptyline 10% in Mediderm Base (240 grams): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, pages 111-113 Page(s): 111-113.

**Decision rationale:** The request for Gabapentin 10% /Dextromethorphan 10% / Amitriptyline 10% in Mediderm Base (240 grams) is non-certified. The MTUS Guidelines state that topical medications are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The MTUS Guidelines recommend lidocaine (Xolido) for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. It is not recommended for non-neuropathic pain. Guidelines also state any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The efficacy in clinical trials for this type of treatment modality has been inconsistent and most studies are small and of short duration. Given the above guidelines, the medication is not within MTUS Guidelines. The submitted report lacked any quantified evidence as to whether the injured worker had tried and failed any conservative care, such as tricyclic or SNRI antidepressants. Furthermore, there was a lack of subjective complaints of neuropathic pain. There was also no rationale as to why the injured worker would require a topical lotion versus any oral medications. In the submitted request, it was not specified as to where the cream would be applied and the amount. Given the above, the request for the compound medication is not necessary. Furthermore, the request submitted did not include a dose, frequency, or duration on the compounded lotion. As such, the request is non-certified.