

Case Number:	CM14-0079582		
Date Assigned:	07/18/2014	Date of Injury:	01/12/2013
Decision Date:	08/26/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/30/2014

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 42-year-old female who reported an injury after a motor vehicle accident on 01/12/2013. The clinical note dated 03/26/2014 indicated diagnoses of cervical disc herniation without myelopathy, thoracic disc displacement without myelopathy, lumbar disc displacement without myelopathy, carpal sprain/strain of the bilateral wrist, tears of medial meniscus of the bilateral knees, bursitis of the bilateral knees, and tendinitis/bursitis of the bilateral hips. The injured worker reported cervical spine constant, severe pain described as sharp and aching, aggravated by washing dishes and moving arms; thoracic spine pain that was constant and severe described as pressure and aching, aggravated by standing, sitting, and driving; lumbar spine pain that was frequent, described as burning, pressure, and aching, aggravated by sitting, standing, walking, and bending at the waist. The injured worker reported bilateral knee pain that was severe, described as burning, aggravated by walking, weightbearing, and stairs. The injured worker reported severe and constant head pain that was described as pressure and reported feeling like there were lumps on the top of her head. The injured worker reported bilateral wrist and hand pain that was frequent, described as aching, aggravated by cleaning and cooking, with numbness over the left hand; and bilateral hip pain that was constant, described as aching and pressure, aggravated by lying in bed and sitting; however, the injured worker reported she felt more pain on the left hip. On physical examination of the cervical spine, there was +3 spasm and tenderness to the bilateral paraspinal muscles from C2 to C7, bilateral suboccipital muscles, and bilateral upper shoulder muscles. Cervical range of motion was measured by an external goniometer or digital protractor. The injured worker's axial compression test was positive bilaterally for neurological compromise. Distraction test was positive bilaterally and shoulder depression test was positive bilaterally. The injured worker's right biceps reflex was decreased and the right brachioradialis reflex was decreased. The injured worker's thoracic exam

revealed +3 spasms and tenderness to the bilateral thoracic paraspinal muscles from T4 to T9 and thoracic range of motion was measured by an external goniometer or digital protractor. The lumbar examination revealed +3 spasm and tenderness to the bilateral lumbar paraspinal muscles from L1 to S1 and multifidus. Lumbar range of motion was measured by an external goniometer or digital protractor. Kemp's test was positive bilaterally and Yeoman's was positive bilaterally. The injured worker's right Achilles reflex was decreased. The wrists and hands were 3+ spasms and tenderness to the bilateral anterior wrists. The injured worker's Tinel's test was positive bilaterally. The hips exam revealed +3 spasms and tenderness to the bilateral gluteus medius muscles, tensor fasciae, latae muscles, and acetabular joints. The hip range of motion was measured by an external goniometer or digital protractor. Faber's test was positive bilaterally and anvil test was positive bilaterally. The knee exam revealed +3 spasm and tenderness to bilateral anterior joint lines and vastus medialis muscles. The injured worker's knee range of motion was measured by an external goniometer or digital protractor. The injured worker's prior treatments included medication management and diagnostic imaging. The injured worker's medication regimen included topical compounds. The provider submitted a request for topical compounds. A request for authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 6%/ Gabapentin 10%/ Tramadol 10% 180 gm, 2 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 Page(s): 111-113.

Decision rationale: The California Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The Guidelines also indicate any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The guidelines also indicate topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. It was not indicated if the injured worker had tried and failed antidepressants and anticonvulsants. In addition, lidocaine is only approved in the form of the dermal patch Lidoderm. No other commercially approved topical formulations of lidocaine, whether creams, lotions, or gels, are indicated for neuropathic pain. Per the Guidelines, any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. Furthermore, there was a lack of efficacy and functional improvement with the use of this medication. Additionally, the request did not indicate the frequency. Therefore, the request is not medically necessary.

Flurbiprofen 15%/ Cyclobenzaprine 2%/ Baclofen 2%/ Lidocaine 5% 180 gm, 2 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 Page(s): 111-112.

Decision rationale: The California Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The Guidelines also indicate any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Flurbiprofen is a non-steroidal anti-inflammatory drug (NSAID) indicated for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment and recommended for short-term use (4 to 12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Cyclobenzaprine is a muscle relaxant. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. The CA MTUS Guidelines do not recommend topical baclofen. It was not indicated if the injured worker had tried and failed antidepressants and anticonvulsants. In addition, per the Guidelines, topical NSAIDs are not recommended for neuropathic pain as there is no evidence to support their use. Moreover, cyclobenzaprine is not recommended. The Guidelines state there is no evidence for use of any other muscle relaxant as a topical product. Per the Guidelines, any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. Baclofen is not recommended. There is no peer reviewed literature to support its use. Moreover, there was a lack of documentation of the efficacy and functional improvement with the use of this medication. Furthermore, the request did not indicate a frequency for this medication. Therefore, the request is not medically necessary.