

<b>Case Number:</b>	CM14-0080936		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	12/06/1975
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	05/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2014

### 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 Family Medicine and is licensed to practice in North Carolina. 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 patient is a 60-year-old with a reported date of injury of 12/16/1975. The patient has the diagnoses of status post lumbar fusion with residual back and lower extremity pain, disc herniation at L5/S1, L5/S1 radiculopathy, bilateral peripheral polyneuropathy, carpal tunnel syndrome, C8-T1 right radiculopathy, right peroneal nerve palsy with foot drop, chronic pain syndrome, chronic low back pain, bilateral hip labral tears and gait instability. Per the progress notes from the primary treating physician dated 05/14/14/ the patient had complaints of constant low back pain rated a 5/10 on medications with no change in pain since last visit. The physical exam noted paraspinal spasms L3-S1 with restriction in lumbar range of motion, bilateral positive Kemp's test and straight leg test. Sensation is decreased on the right in the L4 dermatome. There is an antalgic gait with assistance of a cane. Treatment recommendations included continuation of medication, scooter chair and tobacco cessation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325mg #180 (04/16/2014 - 0812/2014\_): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids page(s) 74-87 Page(s): 74-87.

**Decision rationale:** There is no provided documentation of failure of other first line treatment options or conservative therapy. There is no documentation of functional improvement or qualification of pain improvement on the opioids, the pain scale being 5/10 on medications. The long term use of the medication for chronic back pain is not indicated. For these reasons the medication is not medically necessary and appropriate.

**Flurbiprofen 20% Topical Cream #120gm (04/16/2014 - 08/12/2014): 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:** Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Non-steroidal antiinflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. 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. (Lin, 2004) (Bjordal, 2007) (Mason, 2004) When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. In this study the effect appeared to diminish over time and it was stated that further research was required to determine if results were similar for all preparations. (Biswal, 2006) These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. (Mason, 2004) Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended 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. Neuropathic pain: Not recommended as there is no evidence to support use. FDA-approved agents: Voltaren Gel 1% (diclofenac). The long term use of this medication is not indicated and the patient does not carry the diagnoses that NSAID topical creams are indicated for, therefore, the request is not medically necessary and appropriate.

**Ketoprofen 20% Ketamine 10% Topical Cream 120gm (04/16/2014 - 08/12/2014): Upheld**

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

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

**Decision rationale:** Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Ketamine: Under study: Only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. Topical ketamine has only been studied for use in non-controlled studies for CRPS I and post-herpetic neuralgia and both have shown encouraging results. The exact mechanism of action remains undetermined.(Gammaitoni, 2000) (Lynch, 2005) See also Glucosamine (and Chondroitin Sulfate).There is no documentation provided of exhaustion of primary and secondary treatment of neuropathic pain. For these reason the Ketamine cream is not indicated. The request is not medically necessary and appropriate.

**Gabapentin 10% Cyclobenzaprine 10%. Capsaicin 0.0375% Topical cream 120gm (04/16/2014 - 08/12/2014): Upheld**

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

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

**Decision rationale:** This is recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. This is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not

recommended is not recommended. Gabapentin is not a recommended topical agent. The request is not medically necessary and appropriate.

**Metabolic Panel (04/16/2014 - 08/12/2014): Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Up to Date online clinical guideleines 2014, metabolic profile.

**Decision rationale:** The California MTUS and the ACOEM do not address metabolic profiles. Up to Date Clinical Guidelines, 2014, states metabolic profiles are used to assess electrolyte, liver and renal function. The provided documentation provided no justification or quantification of possible, electrolyte, renal or liver dysfunction. The patient's current medications do not require metabolic profiles are done per the recommendations provided in the California MTUS. The request is not medically necessary and appropriate.