

<b>Case Number:</b>	CM14-0085945		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	01/02/1999
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	05/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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 Occupational Medicine 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:

Injured worker is a female with a date of injury of 1/2/1999. Per pain management progress note dated 4/17/2014, she complains of neck, arm, low back, leg, and shoulder and knee pain describing her pain as constant. Pain in her neck radiates to the right upper extremity, and is rated at 8/10. The pain is made worse by increased activity, lying flat, movement, sitting a long time and sneezing. Her low back pain radiates to the bilateral lower extremities, and is described as aching, sharp, shooting, stabbing, and throbbing. The back pain at its worst is 10/10, and currently is 7/10. Her right shoulder pain is rated at 5/10 and bilateral knee pain is rated as 8/10. On examination there is limited range of motion of the cervical spine in all directions secondary to increased pain, tightness and stiffness. She has tenderness over the occipital nerves bilaterally and over the cervical spinous processes and inter spaces from C5 to C7. She has trigger points in the cervical spine musculature bilaterally. She also has limited range of motion of the lumbar spine in all directions, secondary to increased pain, tightness and stiffness. There is significant tenderness over the lumbar spinous process and inter spaces from L3 to S1. She has moderate to significant tenderness over the facet joints from L2 to S1 with positive provocation test and mild tenderness over the sacroiliac joints bilaterally. She has tightness, tenderness, and trigger points in the lumbar spine musculature bilaterally and tenderness over the right anterior acromioclavicular joint. The right shoulder has limited range of motion in all directions, especially with overhead and back reaching movements. There is significant tenderness over the right shoulder joint and supraspinatus and biceps tendons and she has trigger points in the right shoulder girdle musculature. There is tenderness over both knee joints, significant on the right with degenerative changes and deformity and increased pain with flexion and extension of both knees, right worse than left. There is tenderness over the saphenous and personal nerves at the level of both knees, right worse than left. Straight leg raising is positive on the left at 75 degrees.

Lower extremity showed diminished sensation to touch over the L3, L4, and L5 nerve root distributions, more dense on the right compared to the left. Diagnoses include 1) thoracic or lumbosacral neuritis or radiculitis 2) degenerative disc disease, lumbar 3) brachial neuritis or radiculitis 4) cervical disc disease 5) cervicalgia 6) pain in joint, shoulder region 7) pain in joint, lower leg 8) myalgia and myositis.

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

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

**Topical Flurbiprofen 10%-Gabapentin 10%-Lidocaine 5% in Lipoderm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs section, Topical Analgesics section Page(s): 67-73, 111-113.

**Decision rationale:** The MTUS Guidelines recommend the use of NSAIDs for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. Topical NSAIDs have been shown to be superior to placebo for 4-12 weeks for osteoarthritis of the knee. Topical flurbiprofen, however, is not Food and Drug Administration (FDA) approved. The MTUS Guidelines do not recommend the use of topical lidocaine that is not in a dermal patch form. Topical lidocaine in the form of a dermal patch has been designated by the FDA for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Non-dermal patch formulations are generally indicated as local anesthetics and antipruritics. The MTUS Guidelines do not recommend the use of topical gabapentin as there is no peer reviewed literature to support use. The use of topical analgesics are recommended by the MTUS Guidelines as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. For this compounded topical analgesic, all of the active ingredients are not recommended. The request for Topical Flurbiprofen 10%-Gabapentin 10%-Lidocaine 5% in Lipoderm is determined to not be medically necessary.