

Case Number:	CM14-0092956		
Date Assigned:	09/15/2014	Date of Injury:	10/08/2012
Decision Date:	12/10/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/19/2014

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 Colorado. 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:

52 year old female with date of injury 10/8/2012 continues follow up with treating physician. Diagnoses include Lumbar disc displacement, cervical disc displacement, right shoulder bursitis and tendonitis, and right carpal tunnel syndrome. Per the records supplied for review, the treating physician has requested acupuncture, functional rehabilitation and functional capacity evaluation, though it is unclear if patient actually accomplished any of these therapies. The treating physician's notes indicate therapy requests have been denied, and MRI requests are pending. One of the clinical notes did indicate patient received a cortisone injection to right shoulder, but no follow up notes addressed patient's symptom response to the injection. The treating physician requests combination topical agent Lidocaine/Gabapentin/ Tramadol and Flurbiprofen /Cyclobenzaprine/Baclofen/Lidocaine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Generic Lidocaine/Gabapentin/ Tramadol and Flurbiprofen /Cyclobenzaprine/Baclofen/Lidocaine (Duration and Frequency Unknown): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 111-113.

Decision rationale: Per the MTUS Guidelines, topical analgesics may be indicated for specific conditions when other therapies have failed. However, the guidelines make it clear that if a drug or drug class in a given topical compound is "not recommended," then the entire compounded topical is not recommended. The requested topical analgesics include Lidocaine/Gabapentin/Tramadol and Flurbiprofen /Cyclobenzaprine/Baclofen/Lidocaine Topical Lidocaine in the dermal patch formulation, can be recommended for neuropathic pain after a trial of first line therapy has failed. No other formulation of topical Lidocaine is indicated for neuropathic pain. Other topical formulations of Lidocaine (creams or gels) may be useful as local anesthetic or anti-pruritic. There is insufficient evidence to recommend use of topical Lidocaine, any formulation, in non-neuropathic pain. Topical Baclofen and all other topical muscle relaxers (Cyclobenzaprine), are not recommended, per the guidelines and have no evidence-based support for their use. Topical Non-steroidal anti-inflammatory drugs have been studied, but only short term in small numbers, so no substantive evidence supports long term use. Use of topical non-steroidal anti-inflammatory drugs can be recommended for less than 12 weeks, for treatment of osteoarthritis, specifically related to the knee or elbow. No consistent quality evidence exists to use topical non-steroidal anti-inflammatory drugs for treatment of osteoarthritis of the spine, hip or shoulder, or for treatment of Neuropathic Pain. The only FDA-approved Topical Non-steroidal anti-inflammatory agent is Voltaren Gel 1 percent (Diclofenac). Per the MTUS Guidelines, Gabapentin topical is not recommended. No studies support its use in topical preparations. The MTUS Guidelines do not address topical Tramadol, which in this case is not relevant because the Gabapentin, Baclofen, and Cyclobenzaprine are not recommended, so the entire topical preparation is not recommended and not medically indicated.