

<b>Case Number:</b>	CM14-0186367		
<b>Date Assigned:</b>	11/14/2014	<b>Date of Injury:</b>	10/22/2001
<b>Decision Date:</b>	01/05/2015	<b>UR Denial Date:</b>	10/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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 American Board of Family Practice 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:

This is a 67-year-old female with work related injury dated October 22, 2001. Since that injury, the worker has been treated for chronic low back pain with radiation to the lower extremities and problems with her lower spine. Documentation at the physician's visit dated August 22, 2014, the worker was complaining of persistent low back pain described as burning. Back pain was rated seven on a scale of ten. Other complaints included neck pain that was rated four to five, arm pain rated six, leg pain seven and foot pain rated five. Accompanying symptoms were described as numbness and tingling to the upper and lower extremities. The worker was not taking any medications and had returned to work. The worker was also receiving acupuncture treatments, which she reported as helping manage the pain. Physical examination revealed toe and heel walk intact but with pain, tenderness at the occipital insertion of the paracervical musculature, bilateral trapezii and midline base of the cervical spine. Diagnoses at this visit were spondylolisthesis at the L5-S1 with left sided radiculopathy, mild right shoulder impingement syndrome, chronic cervicgia with cervical sprain and strain and lumbar discopathy. Plan of treatment at this visit was work restrictions to six hours per day five days per week, no lifting greater than 20 pounds, no kneeling or prolonged sitting or standing, eight visits of acupuncture for the lumbar spine and bilateral upper extremities two visits per week for four weeks and an magnetic resonance imaging of the lumbar spine. Medication recommendations at this visit were tramadol 37.5/325 mg one orally every six to eight hours, topical creams, one with lidocaine six percent/ketoprofen ten percent one to two grams to effected area three to four times per day and Flurbiprofen fifteen percent/Lidocaine five percent with same instructions. Per the utilization review documentation dated October 27, 2014, the Tramadol was certified, the topical creams were non-certified and the magnetic resonance imaging of the lumbar spine was also non-certified. The acupuncture visits were not addressed in the utilization review determination. The request for topical creams

was not certified with the rationale that they were largely experimental with few randomized controlled trails and were primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The magnetic resonance imaging was not certified due to there being no documentation of progression of neurologic deficit.

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

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

**Lidocaine 6 Percent/Gabapentin 10 Percent/Ketoprofen 10 Percent Cream Apply 1 to 2 Grams to Affected Area 3 to 4 Times Daily #120 Gram: 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:** According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. The largely experimental was 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Gabapentin is not recommended in the guidelines due to lack of clinical evidence to support its use in topical formulation. Since the above compounded cream contains Gabapentin the compounded cream above is not medically necessary.

**Flurbiprofen 15 Percent/Cyclobenzaprine 2 Percent/Lidocaine 5 Percent Cream Apply 1 To 2 Grams to Affected Area 3-4 Times Daily #120 Gram: 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:** According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. The largely experimental was 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Muscle Relaxants are not recommended in the guidelines due to lack of clinical evidence to support its use in topical formulation. Since the above compounded cream contains Cyclobenzaprine, the compounded cream above is not medically necessary.

**MRI of The Lumbar Spine: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back: MRI

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 111-112.

**Decision rationale:** According to the ACOEM guidelines, an MRI of the lumbar spine is recommended for red flag symptoms such as cauda equina, tumor, infection, or uncertain neurological diagnoses not determined or equivocal on physical exam. There were no red flag symptoms or progressive worsening of symptoms. There was no plan for surgery. The request for an MRI of the lumbar spine is not medically necessary.