

Case Number:	CM14-0188709		
Date Assigned:	11/19/2014	Date of Injury:	06/21/1999
Decision Date:	01/07/2015	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	11/12/2014

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:

This case is a 65 year old male with a date of injury on 6/21/1999. A review of the medical records indicates that the patient is undergoing treatment for lumbar disc degeneration, chronic spinal pain, and anxiety/depression. Subjective complaints (9/10/2014) include aching and stabbing low back pain with radiation to left lower extremity, tingling/numbness to left lower extremity, rating 7/10. Objective findings (9/10/2014) include tenderness to lumbar paraspinal muscles, muscle spasms to lumbar spine, decreased lumbar range of motion, and decreased sensation to bilateral dorsum feet/posterior calves. Treatment has included Naproxen, Omeprazole, and Cyclobenzaprine. A utilization review dated 10/3/2014 non-certified the following:- Lidocaine 6%- Gabapentin 10%- Ketoprofen 10% 120gm 3-4 times daily.- Flurbiprofen 15% Cyclobenzaprine 2% Baclofen 2% Lidocaine 5% cream 120gm 3-4 times daily.- Flurbiprofen 10% Baclofen 2% Cyclobenzaprine 2% Diclofenac 3% Gabapentin 6% Lidocaine 2% cream 120gm 1-2 grams to affected areas 3-4 times daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 6%- Gabapentin 10%- Ketoprofen 10% 120gm 3-4 times daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound Creams (updated 9/14/14)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound Creams

Decision rationale: MTUS and ODG recommend usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "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." Lidocaine; ODG also states that topical Lidocaine is appropriate in usage as patch under certain criteria, but that "no other commercially approved topical formulations of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." MTUS states regarding Lidocaine, "Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica)." MTUS indicates Lidocaine "Non-neuropathic pain: Not recommended." The medical records do not indicate failure of first-line therapy for neuropathic pain and Lidocaine is also not indicated for non-neuropathic pain. ODG states regarding Lidocaine topical patch, "This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia". Medical documents do not document the patient as having post-herpetic neuralgia. Gabapentin; MTUS guidelines states that topical Gabapentin is "Not recommended." And further clarifies, "anti-epilepsy drugs: There is no evidence for use of any other anti-epilepsy drug as a topical product." Ketoprofen; Per ODG and MTUS guidelines state Ketoprofen is "not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis and photosensitization reactions." In this request, several component medications are not recommended per guidelines. Per MTUS, if one component is not recommended, the whole compound topical medication is not recommended. As such, the request for Lidocaine 6%- Gabapentin 10%- Ketoprofen 10% 120gm 3-4 times daily is not medically necessary.

Flurbiprofen 15% Cyclobenzaprine 2% Baclofen 2% Lidocaine 5% cream 120 gm 3-4 times daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound Creams.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound Creams.

Decision rationale: MTUS and ODG guidelines recommend usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anti-convulsants. MTUS states, "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." Flurbiprofen; MTUS guidelines states that

the only FDA- approved NSAID medication for topical use includes Diclofenac, which is indicated for relief of osteoarthritis pain in joints. Flurbiprofen would not be indicated for topical use in this case. Cyclobenzaprine; MTUS guidelines states regarding topical muscle relaxants, "Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Topical Cyclobenzaprine is not indicated for this usage, per MTUS guidelines. Baclofen; MTUS guidelines states that topical Baclofen is "Not recommended." Lidocaine; ODG also states that topical Lidocaine is appropriate in usage as patch under certain criteria, but that "no other commercially approved topical formulations of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." MTUS states regarding Lidocaine, "Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica)." MTUS indicates Lidocaine "Non-neuropathic pain: Not recommended." The medical records do not indicate failure of first-line therapy for neuropathic pain and Lidocaine is also not indicated for non-neuropathic pain. ODG states regarding Lidocaine topical patch, "This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia". Medical documents do not document the patient as having post-herpetic neuralgia. In this request, several component medications are not recommended per guidelines. Per MTUS, if one component is not recommended, the whole compound topical medication is not recommended. As such, the request for Flurbiprofen 15% Cyclobenzaprine 2% Baclofen 2% Lidocaine 5% cream 120gm 3-4 times daily is not medically necessary.

Flurbiprofen 10% Baclofen 2% Cyclobenzaprine 2% Diclofenac 3% Gabapentin 6% Lidocaine 2% cream 120gm 1-2 grams to affected areas 3-4 times daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams

Decision rationale: MTUS and ODG recommend usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "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." Flurbiprofen; MTUS states that the only FDA-approved NSAID medication for topical use includes Diclofenac, which is indicated for relief of osteoarthritis pain in joints. Flurbiprofen would not be indicated for topical use in this case. Baclofen; MTUS guidelines states that topical Baclofen is "Not recommended." Cyclobenzaprine; MTUS states regarding topical muscle relaxants, "Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Topical Cyclobenzaprine is not indicated for this usage, per MTUS. Gabapentin; MTUS guidelines states that topical Gabapentin is "Not recommended." And further clarifies, "anti-epilepsy drugs: There is no evidence for use of any other anti-epilepsy drug as a topical product." Lidocaine;

ODG also states that topical Lidocaine is appropriate in usage as patch under certain criteria, but that "no other commercially approved topical formulations of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." MTUS states regarding Lidocaine, "Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica)." MTUS indicates Lidocaine "Non-neuropathic pain: Not recommended." The medical records do not indicate failure of first-line therapy for neuropathic pain and Lidocaine is also not indicated for non-neuropathic pain. ODG states regarding Lidocaine topical patch, "This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia". Medical documents do not document the patient as having post-herpetic neuralgia. In this request, several component medications are not recommended per guidelines. Per MTUS, if one component is not recommended, the whole compound topical medication is not recommended. As such, the request for Flurbiprofen 10% Baclofen 2% Cyclobenzaprine 2% Diclofenac 3% Gabapentin 6% Lidocaine 2% cream 120gm 1-2 grams to affected areas 3-4 times daily is not medically necessary.