

<b>Case Number:</b>	CM14-0189601		
<b>Date Assigned:</b>	11/20/2014	<b>Date of Injury:</b>	09/12/2011
<b>Decision Date:</b>	01/27/2015	<b>UR Denial Date:</b>	10/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Internal 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:

The injured worker (IW) is a 54-year-old woman with a date of injury of September 12, 2011. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are status post laminectomy with discectomy at L4-L5 and L5-S1 with interbody fusion and posterior instrumentation performed on May 15, 2013; post FBSS post laminectomy syndrome of the lumbar spine; lumbar herniated nucleus pulposus; and lumbar radiculopathy confirmed on EMG studies. Pursuant to the sole progress report in the medical record dated September 18, 2014, the IW complains of constant low back pain, which radiates into the left leg, and occasionally the right leg. The pain is rated 8/10. The pain is associated with numbness, tingling and weakness. She ambulates with a limp due to pain. Current medications include Norco 10/325mg, Naproxen 550mg, Omeprazole 600mg, and Gabapentin 600mg. She is also using topical creams with significant relief. She is requesting a refill of Omeprazole and topical creams. Examination of the lumbar spine reveals a well-healed surgical scar without sign of infection. There is tenderness to palpation over the bilateral paraspinal muscles. Range of motion is diminished in all planes secondary to pain. She has positive straight leg raise test on the left in the seated position reproducing back pain and sciatica. The treating physician is recommending the continuation of conservative care including refills of topical creams. The current request is for Ketoprofen and Lidocaine in Penderm; Gabapentin, Cyclobenzaprine and Tramadol in Lipoderm; and Flurbiprofen, Lidocaine, and Amitriptyline in PCCA.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound, Penderm:** 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 based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section. Topical Analgesics

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Ketoprofen and Lidocaine in Penderm cream base is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy or safety. They are 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. Other than Lidoderm, no other commercially approved topical formulation of lidocaine with a cream, lotion or gel is indicated for neuropathic pain. In this case, the injured worker's working diagnoses are status post laminectomy and discectomy at L4 - L5 and L5 - S1 with interbody fusion and posterior instrumentation performed May 15, 2013; post laminectomy syndrome of the lumbar spine; lumbar herniated disc; and lumbar radiculopathy with the confirmed with EMG. Lidocaine in cream form is not recommended. Any compounded product that contains at least one drug (lidocaine) is not recommended, is not recommended. Consequently, the topical compound with Ketoprofen and Lidocaine in Penderm is not recommended. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, Ketoprofen and Lidocaine in Penderm is not medically necessary.

**Compound, Lipoderm:** 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 based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section. Topical Analgesics

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Gabapentin, Cyclobenzaprine and Tramadol (Lipoderm) is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy or safety. They are 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. Other than Lidoderm, no other commercially approved topical formulation of lidocaine with a cream, lotion or gel is indicated for neuropathic pain. Topical cyclobenzaprine is not recommended. Topical gabapentin is not recommended. In this case, the injured worker's working diagnoses are status post laminectomy and discectomy at L4 - L5 and L5 - S1 with interbody fusion and posterior instrumentation performed May 15, 2013; post laminectomy syndrome of the lumbar spine;

lumbar herniated disc; and lumbar radiculopathy with the confirmed with EMG. Topical cyclobenzaprine and gabapentin are not recommended. Any compounded product that contains at least one drug (gabapentin and cyclobenzaprine topical) that is not recommended, is not recommended. Consequently, the topical compound containing gabapentin, cyclobenzaprine and tramadol is not recommended. Based on clinical information in the medical record and peer-reviewed evidence-based guidelines, Gabapentin, Cyclobenzaprine and Tramadol (Lidoderm) base is not medically necessary.

**Compound, PCCA:** 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 based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section. Topical Analgesics

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flurbiprofen, Lidocaine and Amitriptyline (PCCA) is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy or safety. They are 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. Other than Lidoderm, no other commercially approved topical formulation of lidocaine with a cream, lotion or gel is indicated for neuropathic pain. In this case, the injured worker's working diagnoses are status post laminectomy and discectomy at L4 - L5 and L5 - S1 with interbody fusion and posterior instrumentation performed May 15, 2013; post laminectomy syndrome of the lumbar spine; lumbar herniated disc; and lumbar radiculopathy with the confirmed with EMG. Lidocaine in cream form is not recommended. Any compounded product that contains at least one drug (lidocaine) is not recommended, is not recommended. Consequently, Flurbiprofen, lidocaine and amitriptyline PCCA is not recommended. Based on the clinical information in the medical record and peer-reviewed evidence-based guidelines, Flurbiprofen, Lidocaine and Amitriptyline PCCA is not medically necessary.