

<b>Case Number:</b>	CM14-0190551		
<b>Date Assigned:</b>	11/24/2014	<b>Date of Injury:</b>	04/15/2009
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	11/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2014

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 is a 45-year-old male who reported an injury on 04/15/2009. The injury reportedly occurred during a training exercise when he was swimming a baton forward and backwards and noticed a sharp and severe low back pain radiating to his left leg. He is diagnosed with status post L2-3 laminectomy. His past treatments were noted to include medications, physical therapy, and facet joint injections. His diagnostic studies included an MRI of the lumbar spine performed on 06/10/2013. On 10/28/2014, the injured worker reported sharp low back pain running into his left leg. He indicated his pain was 8/10 off medications and with medications 6/10. Upon physical examination, he was noted to have an antalgic gait and demonstrated stiffened lower back and the absence of normal lordotic curvature. His medications were noted to include Norco 10/325 mg once a day as needed, Flexeril 10 mg 1 to 2 tabs once a day, Neurontin 300 mg twice a day, and Nalfon 400 mg 1 to 3 tabs once a day as needed. The treatment plan included a refill of medications; a prescription of a compounded neuropathic pain mixture consisting of 2% Xylocaine, ketoprofen 10%, imipramine 3%, baclofen 2%, Orphenadrine 10%, and Ultram 10% with no refills; and a follow-up visit in 4 weeks. A request was received for compound:

Xylocaine/ketoprofen/imipramine/baclofen/Orphenadrine/Ultram; however, the rationale for the request was not submitted. A Request for Authorization was submitted on 10/28/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound: Xylocaine/Ketoprofen/Imipramine/Baclofen/Orphenadrine/Ultram: Upheld**

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

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

**Decision rationale:** The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also state that any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. In regard to lidocaine, the guidelines state there are no other commercially approved topical formulations of lidocaine (whether creams, lotions, or gels) that are indicated for neuropathic pain other than the brand named Lidoderm patch. The proposed topical compound contains lidocaine. The injured worker did report neuropathic pain. However, there is a lack of documentation regarding failure of antidepressants and anticonvulsants. In regards to ketoprofen, the guidelines recommend for osteoarthritis and tendinitis, in particular of the knee and elbow or other joints that are responsive to topical treatment for short term use (4 to 12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder and use with neuropathic pain is not recommended as there is no evidence to support use. The injured worker did report neuropathic pain; however, there is a lack of evidence that the injured worker is diagnosed with osteoarthritis. In regards to baclofen and Orphenadrine, the guidelines do not recommend as there is no evidence for use of any other muscle relaxant as a topical product. Additionally, there was no rationale why the injured worker would require a topical medication versus oral medication. Furthermore, the dose, quantity, and frequency for the proposed medication were not provided. In the absence of the above information and as the request includes lidocaine, baclofen, and Orphenadrine which are not recommended, the proposed compounded product is not supported. As such, the request is not medically necessary.