

<b>Case Number:</b>	CM14-0203486		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	11/07/2005
<b>Decision Date:</b>	02/06/2015	<b>UR Denial Date:</b>	10/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2014

### 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 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 62 year old male who sustained a work related injury on November 7, 2005. The mechanism of injury of injury was not provided. Current documentation dated October 16, 2014 notes that the injured worker reported cervical spine pain. Prior treatments included epidural steroid injections, which were noted to be most helpful of all the prior treatments. Prior treatments were not specified. The injured workers neck pain was noted to be more constant and increased in intensity. Physical examination revealed restricted range of motion, tenderness to palpation and spasms of the cervical spine and upper trapezius muscles. Jackson's compression test was noted to be positive. The plan of care was for the injured worker to continue his home exercise program, to receive a series of epidural steroid injections to the cervical spine, and use oral medications and topical creams. The treating Physical requested prescriptions of Gabapentin Lidocaine 180 mg and Baclofen, Flurbiprofen, Acetyl-L-Carnitine 15% 180 mg. Utilization Review evaluated and denied the requests on October 30, 2014. The request for Gabapentin Lidocaine 180 mg was denied per MTUS Chronic Pain Medical Treatment Guidelines on Topical Analgesics which states that topical analgesics are largely experimental in use and are recommended for localized neuropathic pain after there is evidence of a trial of first line therapy, such as tricyclic anti-depressants and anti-epileptic medications. This patient does not have neuropathic symptoms and has not failed a trial of anti-depressant medications and anticonvulsant therapy. In addition, regarding Gabapentin, there is no peer-reviewed literature to supports its use. Therefore, the request is non-certified. The request for Baclofen, Flurbiprofen and Acetyl-L-Carnitine 15% 180 mg. was denied based on MTUS Chronic Pain Medical Treatment Guidelines on Topical Analgesics which states that there is no literature to support the use of Baclofen and Acetyl-L-Carnitine 15%.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Gabapentin Lidocaine 180mg:** 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 rationale:** According to the guidelines, topical analgesics are considered experimental when used to treat chronic pain, because there are no clinical trials that show benefit above that of a placebo. They may be medically indicated to treat neuropathic pain, after trials of antidepressants and anticonvulsants have been tried and failed. In a compounded topical medication, if a drug or a member of a drug class is not recommended, then that compounded product is not recommended, per the MTUS guidelines. Gabapentin is an AED, an anti-epileptic drug. It is not recommended to be used as a topical agent for any medical condition. Lidocaine is only medically approved to treat neuropathic pain, when used in the formulation of the Lidoderm patch. This patient does not have neuropathic pain. Therefore, this request is not medically necessary.

### **Baclofen, Flurbiprofen, Acetyl-L-Carnitine 15% 180mg:** 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 rationale:** According to the guidelines, topical analgesics are considered experimental when used to treat chronic pain, because there are no clinical trials that show benefit above that of a placebo. They may be medically indicated to treat neuropathic pain, after trials of antidepressants and anticonvulsants have been tried and failed. In a compounded topical medication, if a drug or a member of a drug class is not recommended, then that compounded product is not recommended, per the MTUS guidelines. Flurbiprofen is an NSAID, which is not medically indicated when used topically. Baclofen is a muscle relaxer. Muscle relaxers are not medically indicated when used topically. Therefore, the request for Baclofen, Flurbiprofen, Acetyl-L-Carnitine 15% 180mg is not medically necessary.