

<b>Case Number:</b>	CM14-0059115		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	06/04/2008
<b>Decision Date:</b>	01/30/2015	<b>UR Denial Date:</b>	04/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2014

### 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 patient is an injured worker with neck, back, and lower extremity conditions. Date of injury was June 22, 2011. Regarding the mechanism of injury, the patient fell into a hole. The patient has low back pain. On August 23, 2013, the patient underwent arthroscopy of the left knee with extensive synovectomy debridement. Diagnoses included status post left knee arthroscopy with repair of internal derangement, status post cervical spine surgery, and lumbar spine surgery. Medications included Tramadol, Terocin Patch, Naproxen, Cyclobenzaprine, and Omeprazole. The patient had been treated with physical therapy and chiropractic care. The patient was diagnosed with lumbar disc protrusion at L3-4 and L2-3 and lumbar radiculitis. Electrodiagnostic testing from September 02, 2011 revealed no evidence for lumbar radiculopathy. Medication history has included Amitriptyline, Gabapentin, Norco, Omeprazole, Soma, Ibuprofen, and Alprazolam. The patient has cervical spine and left upper extremity symptoms. Physical examination performed February 12, 2014 of the cervical spine demonstrated tenderness at the cervical paravertebral muscles and upper trapezius muscles with spasms and pain with terminal motion. The left upper extremity demonstrated positive Tinel's sign at the elbow and positive Tinel and Phalen signs at the wrist. Lumbar spine revealed tenderness of paravertebral muscle and pain with terminal motion with limited range of motion. Left knee examination revealed tenderness at the left knee joint line anteriorly with positive patellar compression test and pain with terminal flexion crepitus. MRI magnetic resonance imaging performed February 11, 2014 of the lumbar spine revealed solid fusion from L4 to S1 with disk bulge at L3-4. Synvisc injection was recommended. The patient remains temporarily totally disabled. The progress report dated March 5, 2014 documented low back pain radiating to bilateral lower extremities, hip pain, and knee pain. Physical examination demonstrated lumbar flexion 40 degrees and extension 10 degrees. Antalgic gait was noted. Bilateral hip pain was noted. Treatment plan was

documented. Medications prescriptions including Omeprazole, Terocin, Alprazolam, Theramine, Sentra, Norco, Gabapentin, and Ibuprofen. Urine drug screen is completed.

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

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

**Compound: Gabapentin 10%/ Lidocaine 2%/ in Kw/ Aloe Vera 0.5%/ Emu Oil 30%/ Capsaicin .025%/ Menthol 105/ Camphor %% in Gel Patch Kw/ x 5 Refills: 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; Capsaicin, topical Page(s): 111-113; 28-29.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address topical analgesics. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Besides Lidoderm, no other commercially approved topical formulation of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Further research is needed to recommend topical Lidocaine for chronic neuropathic pain disorders other than post-herpetic neuralgia. Topical Lidocaine is not recommended for non-neuropathic pain. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. Capsaicin topical is only an option in patients who have not responded or are intolerant to other treatments. Gabapentin is not recommended. There is no peer-reviewed literature to support use. There is no evidence for use of any other antiepilepsy drug as a topical product. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Medical records documented neck, back, and lower extremity conditions. MTUS guidelines do not support the use of topical products containing Gabapentin. Medical records do not document a diagnosis of post-herpetic neuralgia, which is the only FDA approved indication for topical Lidocaine. The use of topical Lidocaine is not supported. Medical records do not document that the patient has not responded or is intolerant to other treatments, which is an MTUS requirement for the use of Capsaicin. Per MTUS, Capsaicin topical is only an option in patients who have not responded or are intolerant to other treatments. Per MTUS, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request for a topical product containing Gabapentin, Lidocaine, and Capsaicin is not supported. Therefore, the request for Compound: Gabapentin 10%/ Lidocaine 2%/ in Kw/ Aloe Vera 0.5%/ Emu Oil 30%/ Capsaicin .025%/ Menthol 105/ Camphor %% in Gel Patch Kw/ times 5 Refills is not medically necessary.