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| <b>Case Number:</b>   | CM14-0076066 |                              |            |
| <b>Date Assigned:</b> | 07/16/2014   | <b>Date of Injury:</b>       | 01/27/2002 |
| <b>Decision Date:</b> | 05/22/2015   | <b>UR Denial Date:</b>       | 05/02/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/23/2014 |

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 49 year old female who sustained an industrial injury on January 27, 2002. She has reported low back pain and has been diagnosed with cervical sprain/strain, multilevel cervical disk herniation, cervical neuritis of bilateral upper extremities, cervical radiculitis/radiculopathy, lumbar sprain/strain, lumbago, lumbar paraspinal muscle spasms, multiple lumbar disc herniation, limited range of motion of the lumbosacral spine, lumbar radiculitis/radiculopathy, and sacroiliitis of the left sacroiliac joint. Treatment has included injection, medication, and medical imaging. Progress report dated February 15, 2013 noted there was guarding to deep palpation associated with myofascial pain that was reproduced on deep palpation of the lumbar paraspinal muscles including pain. The treatment request included medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 20%/Capsaicin 0.025%/Methyl Salicylate 4% in Lipoderm base 120gm:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Topical Analgesics, Compounded; Capsaicin, topical, Salicylate topicals, Topical Medications.

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

**Decision rationale:** The patient presents with low back pain, rated 9/10. The request is for Flurbiprofen 20%/Capsaicin 0.025%/Methyl Salicylate 4% In Lidoderm base, 120GM. There is no RFA provided and the patient's date of injury is 01/27/02. The diagnoses include cervical sprain/strain, multilevel cervical disk herniation, cervical neuritis of bilateral upper extremities, cervical radiculitis/radiculopathy, lumbar sprain/strain, lumbago, lumbar paraspinal muscle spasms, multiple lumbar disc herniation, limited range of motion of the lumbosacral spine, lumbar radiculitis/radiculopathy, and sacroiliitis of the left sacroiliac joint. Per 04/10/14 report, Patient is suffering from severe sacroiliac joint inflammation with signs and symptoms of radiculopathy to the posterior and lateral aspect of the thigh. Gaensien's test and Patrick Fabra test are both positive. Treatment has included injection, medication, and medical imaging. Medications include compound creams, Norflex, Gabapentin, and Duragesic patch. The patient's work status is not provided for review. MTUS page 111 of the chronic pain section states the following regarding topical analgesics: "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. Any compounded product that contains at least one drug-or drug class, that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required." Topical NSAIDs are indicated for peripheral joint arthritis/ tendinitis. This compound cream was prescribed to the patient at least since 04/10/14, per provided medical reports. Per 04/10/14 report, treater states, "Compound creams are to decrease the usage of narcotics." There is no diagnosis of peripheral joint arthritis and tendinitis for which topical NASIDs are indicated. Therefore, the request IS NOT medically necessary.

**Gabapentin 5%/Ketoprofen 10%/Tramadol 5%/Cyclobenzaprine 2.5% in Lipoderm base 120gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs; Topical Medications; Topical muscle relaxants; Gabapentin, topical.

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

**Decision rationale:** The patient presents with low back pain, rated 9/10. The request is for Gabapentin 5%/Ketoprofen 10%/Tramadol 5%/Cyclobenzaprine 2.5% In Lidoderm base 120gm. There is no RFA provided and the patient's date of injury is 01/27/02. The diagnoses include cervical sprain/strain, multilevel cervical disk herniation, cervical neuritis of bilateral upper extremities, cervical radiculitis/radiculopathy, lumbar sprain/strain, lumbago, lumbar paraspinal muscle spasms, multiple lumbar disc herniation, limited range of motion of the lumbosacral spine, lumbar radiculitis/radiculopathy, and sacroiliitis of the left sacroiliac joint. Per 04/10/14

report, Patient is suffering from severe sacroiliac joint inflammation with signs and symptoms of radiculopathy to the posterior and lateral aspect of the thigh. Gaensien's test and Patrick Fabra test are both positive. Treatment has included injection, medication, and medical imaging. Medications include compound creams, Norflex, Gabapentin, and Duragesic patch. The patient's work status is not provided for review. MTUS page 111 of the chronic pain section states the following regarding topical analgesics: "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. Any compounded product that contains at least one drug -or drug class- that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required." Topical NSAIDs are indicated for peripheral joint arthritis/ tendinitis. This compound cream was prescribed to the patient at least since 04/10/14, per provided medical reports. Per 04/10/14 report, treater states, "Compound creams are to decrease the usage of narcotics." MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. In this case, the requested topical compound contains Gabapentin which is not supported for topical use in lotion form. Therefore, the request IS NOT medically necessary.