

<b>Case Number:</b>	CM15-0005050		
<b>Date Assigned:</b>	01/16/2015	<b>Date of Injury:</b>	12/06/2006
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	12/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2015

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 57-year-old female with an industrial injury dated 12/06/2006. Current complaints are neck pain with radiation into bilateral shoulders and down into the hands rated as 9/10 and pain in the low back radiating down lower extremities rated as 9/10. There was tenderness to palpation over the cervical spine. Cervical compression test was positive. There was also tenderness to palpation over the lumbar area. Straight leg raise was positive at 45 degrees on right and positive at 60 degrees on the left. Diagnoses includes cervical spine radiculopathy, lumbar spine radiculopathy and cervicogenic headaches. Prior treatments include drug therapy, activity modification, physical therapy and epidural steroid injections. On 12/23/2014 the request for Gabapentin/Lidocaine 10/5 percent, 180 gm was non-certified noting the referenced practice guidelines do not recommend topical Gabapentin as there is no peer-reviewed literature to support use. MTUS Guidelines were cited. The request for Baclofen/Flurbiprofen/Acetyl-L-Carnitine 2/5/15% 180 gm was non-certified noting, in regards to the Baclofen component the practice guidelines state this is not recommended and there is no peer review literature to support use. It is unclear if the patient is responsive to first line oral medications to warrant use of topical analgesics. MTUS Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Baclofen / Flurbiprofen / Acetyl-L-Carnitine 2 / 5 / 15 percent 180gm:** 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.

**Decision rationale:** According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111); topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no evidence that Flurbiprofen or any other compound of the topical analgesic is recommended as topical analgesics for chronic cervical and lumbar pain. Flurbiprofen, a topical analgesic is not recommended by MTUS guidelines. Based on the above the request for Baclofen / Flurbiprofen / Acetyl-L-Carnitine 2 / 5 / 15 percent 180gm is not medically necessary.

**Gabapentin / Lidocaine 10/5 percent 180gm:** 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.

**Decision rationale:** According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111); topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no documentation that Lidocaine is effective for the treatment of back, shoulder and neck pain. There is no clear evidence that the patient failed or was intolerant to first line of oral pain medications (antidepressant and anticonvulsant). Therefore, the request for prescription of Gabapentin/lidocaine 180gm is not medically necessary.