

<b>Case Number:</b>	CM15-0007046		
<b>Date Assigned:</b>	02/10/2015	<b>Date of Injury:</b>	03/04/2009
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	01/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### 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: California, Arizona  
 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 59-year-old male who reported an injury on 03/04/2009. The mechanism of injury was not included. His diagnoses included thoracic/lumbosacral neuritis/radiculitis, pain in joint of shoulder, lumbago, degenerative lumbar/lumbosacral intervertebral disc, sacroiliitis not elsewhere classified, and primary localized osteoarthritis in the shoulder, unspecified myalgia and myositis. His medications included Percocet and Neurontin. The progress note dated 10/30/2014 documented the injured worker had complaint of severe right shoulder pain radiating to elbow and below with muscle spasms. He described his pain as constant. He rated it at a 7/10. He is status post bilateral radiofrequency ablation of the medial branch nerves from L3-5 in 09/2014, with a reported 80% overall decrease of lower back pain and stiffness. His surgical history included shoulder surgery and carpal tunnel surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 20% Baclofen 5% rub BID PRN:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Compounded Drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**Decision rationale:** The request for Tramadol 20% Baclofen 5% rub BID PRN is not medically necessary. The California MTUS guidelines state any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Baclofen is not recommended. There is no peer-reviewed literature to support the use of topical baclofen. The request does not include placement instructions, or quantity. As baclofen is not recommended for topical use, the request for tramadol 20%, baclofen 5% rub twice a day as needed is not medically necessary.

**Gabapentin 10% Flurbiprofen 10% Lidocaine 5% rub BID PRN:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Compounded Drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**Decision rationale:** The request for Gabapentin 10% Flurbiprofen 10% Lidocaine 5% rub BID PRN is not medically necessary. The California MTUS guidelines state any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Gabapentin is not recommended. There is no peer-reviewed literature to support use. Non-steroidal antiinflammatory agents (NSAIDs) efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. The request does not include placement instructions or quantity. As the guidelines specify any drug not recommended is not recommended in compounded product, the request for gabapentin 10%, flurbiprofen 10%, lidocaine 5% rub twice a day as needed is not medically necessary.