

Case Number:	CM15-0009482		
Date Assigned:	01/27/2015	Date of Injury:	02/13/2007
Decision Date:	03/17/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/16/2015

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 46 year old female was injured in an industrial accident on 2/13/07 involving right upper extremity. Prior neck and shoulder pain (1995). She is currently experiencing neck pain with radiation to the upper back and upper extremities with occasional numbness and tingling; bilateral shoulder pain with radiation down both arms and occasional numbness and tingling; localized bilateral elbow pain with no radiation; bilateral hand/ wrist pain, bilateral knee pain, low back pain. Pain is increased with activity. She currently uses Cymbalta, Prilosec, Naprosyn, Motrin and hydrocodone which help with pain relief. Her activities of daily living are compromised. She is diagnosed with chronic cervical and bilateral elbow sprain/ strain; chronic bilateral shoulder strains with impingement; right carpal tunnel syndrome; mild bilateral knee strains and non-industrial low back complaints. Treatments for current symptoms were right thumb injection, physical therapy and acupuncture to her neck and right shoulder which were not greatly improving her pain. Diagnostic studies included bilateral knee radiographs; MRI of the right shoulder, lumbar spine, left and right knees (8/14/14) and electrodiagnostic studies of the right and left upper and lower extremities. On 12/29/14 Utilization Review non-certified the requests for topical gabapentin 10%, Lidocaine 5% for 180 GM twice to three times per day #1 and Topical baclofen 2%, fluriprofen 5%, acetyl-LCarnitine 15% 180 GM twice to three times per day per day #1 citing MTUS Chronic Pain Guidelines: Topical Analgesics.

IMR ISSUES, DECISIONS AND RATIONALES

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

**Medication - Topical Gabapentin 10%, Lidocaine 5% For 160gm; Apply Bid To Tid
Quantity: 1: 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 Gabapentin or any other compound of the topical analgesic is recommended as topical analgesics for chronic back pain. Gabapentin, a topical analgesic is not recommended by MTUS guidelines. Based on the above Topical Gabapentin 10%, Lidocaine 5% For 160gm; Apply Bid To Tid Quantity: 1 is not medically necessary.

**Medication - Topical Baclofen 2%, Flurbiprofen 5%, Acetyl-L-Carnitine 15% For 180gm;
Apply Bid To Tid Quantity: 1: 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 back pain. Flurbiprofen, a topical analgesic is not recommended by MTUS guidelines. Based on the above Topical Baclofen 2%, Flurbiprofen 5%, Acetyl-L-Carnitine 15% For 180gm; Apply Bid To Tid Quantity: 1 is not medically necessary.