

<b>Case Number:</b>	CM15-0105012		
<b>Date Assigned:</b>	06/09/2015	<b>Date of Injury:</b>	12/14/2013
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	05/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 33 year old male sustained an industrial injury to the low back and right hand on 12/14/13. Previous treatment included physical therapy, acupuncture and medications. In a PR-2 dated 4/21/15, the injured worker complained of low back pain, rated 9/10 on the visual analog scale and right third finger pain rated 2/10. The physician noted that the injured worker's low back pain had increased since his last office visit. The injured worker reported that acupuncture helped to decrease his pain and tenderness and increased function and ability to perform activities of daily living. The injured worker's finger pain had decreased. Physical exam was remarkable for lumbar spine with tenderness to palpation over the paraspinal musculature with spasms, restricted range of motion and bilateral positive straight leg raise. Trigger points were present. Current diagnoses included lumbosacral spine disc protrusion and radiculopathy and right third trigger finger. The treatment plan included acupuncture twice a week for six weeks, pending authorization for a pain management consultation and a prescription for Flurbiprofen 20%, Baclofen 5%, Camphor 2%, Dexamethasone 2%, Menthol 2%, Capsaicin 0.025% in cream base and Amitriptyline 10%, Gabapentin 10%, Bupivacaine 5% in cream base.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Amitriptyline 10%, Gabapentin 10%, Bupivacaine 5% in cream base - 210gm: 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): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Amitriptyline 10%, Gabapentin 10%, Bupivacaine 5% in cream base #210 g is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic pain. In this case, the injured worker's working diagnoses are lumbosacral spine disc protrusion with radiculopathy; and right third trigger finger. The treatment plan from April 21, 2015 progress note date topical analgesics are to be applied as needed. The location for their application is not included in the medical record. The most recent progress note (April 21, 2015) states the injured worker has low back pain and right third finger pain. The pain score is 9/10. Topical gabapentin is not recommended. Any compounded product that contains at least one drug (topical Appended) that is not recommended is not recommended. Consequently, Amitriptyline 10%, Gabapentin 10%, Bupivacaine 5% in cream base is not recommended. Based on clinical information in the medical record in the peer-reviewed evidence-based guidelines, Amitriptyline 10%, Gabapentin 10%, Bupivacaine 5% in cream base #210 g is not medically necessary.

**Flurbiprofen 20%, Baclofen 5%, Camphor 2%, Dexamethasone 2%, Menthol 2%, Capsaicin 0.025% in cream base - 210gm: 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): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flurbiprofen 20%, Baclofen 5%, Camphor 2%, Dexamethasone 2%, Menthol 2%, Capsaicin 0.025% in the base #210 g is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic pain. In this case, the injured worker's working diagnoses are lumbosacral spine disc protrusion

with radiculopathy; and right third trigger finger. The treatment plan from April 21, 2015 progress note date topical analgesics are to be applied as needed. The location for their application is not included in the medical record. The most recent progress note (April 21, 2015) states the injured worker has low back pain and right third finger pain. The pain score is 9/10. Flurbiprofen 20% is not FDA approved for topical use. Baclofen topical is not recommended. Any compounded product that contains at least one drug (topical Flurbiprofen and baclofen) that is not recommended is not recommended. Consequently, Flurbiprofen 20%, baclofen 5%, camphor 2%, dexamethasone 2%, menthol 2%, Capsaicin 0.025% in the base is not recommended. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Flurbiprofen 20%, Baclofen 5%, Camphor 2%, Dexamethasone 2%, Menthol 2%, Capsaicin 0.025% in the base #210 g is not medically necessary.

**Acupuncture 2 x per week x 6 weeks for lumbar spine (total of 12 visits): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Acupuncture.

**Decision rationale:** Pursuant to the Acupuncture Medical Treatment Guidelines and the Official Disability Guidelines, acupuncture two times per week times six weeks to the lumbar spine (12 sessions) is not medically necessary. Acupuncture is not recommended for acute low back pain. Acupuncture is recommended as an option for chronic low back pain using a short course, of the site will is you are very vague as I treatment in conjunction with other interventions. The Official Disability Guidelines provide for an initial trial of three - four visits over two weeks. With evidence of objective functional improvement, a total of up to 8 to 12 visits over 4 to 6 weeks may be indicated. The evidence is inconclusive for repeating this procedure beyond an initial short period. In this case, the injured worker's working diagnoses are lumbosacral spine disc protrusion with radiculopathy; and right third trigger finger. The most recent progress note (April 21, 2015) states the injured worker has low back pain and right third finger pain. The pain score is 9/10. The request for authorization status acupuncture two times per week times six weeks for a total of 24 sessions. The qualified medical examination (QME) dated March 2015 states the injured worker received one year of physical therapy and acupuncture treatment. A progress note dated March 20, 2015 states the injured worker received six acupuncture sessions. There are no acupuncture progress notes the medical record. There is no documentation indicating objective functional improvement with prior acupuncture treatment. The guidelines allow an initial trial of 3-4 visits and with evidence of objective functional improvement an additional 12 visits may be indicated. The total number of acupuncture treatments authorized and received is unclear based on the available documentation available for review. There is no documentation indicating objective functional improvement as a prelude to additional acupuncture. Consequently, absent clinical documentation with prior acupuncture treatment sessions, evidence of objective functional improvement with prior acupuncture sessions and compelling clinical facts indicating additional acupuncture is warranted, acupuncture two times per week times six weeks to the lumbar spine (12 sessions) is not medically necessary.