

<b>Case Number:</b>	CM15-0105285		
<b>Date Assigned:</b>	06/09/2015	<b>Date of Injury:</b>	11/18/2003
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	05/15/2015
<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: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 67 year old female patient who sustained an industrial injury on 11/18/03. The diagnoses include chronic neck pain with cervical radiculopathy, history of cervical fusion, cervicogenic headaches, chronic low back pain, lumbar herniated disc and lumbar radiculopathy. Per the doctor's note dated 6/10/2015, she had complaints of neck pain with radiation to the right upper extremity with associated headaches. The pain level was noted as 4/10 with the use of medication. Physical examination revealed cervical spine with limited range of motion and tenderness to palpation to the cervical paraspinal muscles and upper trapezius. The medications list includes avinza, MSIR, zomig and topical compound cream. She has had multiple diagnostic studies including a cervical magnetic resonance imaging dated 4/10/2015 which revealed right C3-4 facet arthropathy with grade 1 anterolisthesis and severe right foraminal narrowing; right shoulder magnetic resonance imaging dated 11/12/2011 and CT cervical spine dated 12/16/2011; cervical MRI dated 11/22/2011. She has started physical therapy for this injury. The plan of care was for medication prescriptions and an interferential stimulator trial.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 20 Percent, Cyclobenzaprine 4 Percent, Lidocaine 5 Percent Cream: 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, pages 111-113.

**Decision rationale:** This is a request for topical compound medication. Cyclobenzaprine is muscle relaxant and flurbiprofen is an NSAID. The cited Guidelines regarding topical analgesics state, "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, and antidepressants)" (Argoff, 2006) 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" "Topical NSAIDs- There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use". 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). Non-neuropathic pain: Not recommended". Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." The cited guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Failure of antidepressants and anticonvulsants for this injury is not specified in the records provided. Intolerance to oral medication (other than NSAID) is not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Cyclobenzaprine is not recommended by MTUS for topical use as cited above because of the absence of high-grade scientific evidence to support their effectiveness. The medical necessity of Flurbiprofen 20 Percent, Cyclobenzaprine 4 Percent, Lidocaine 5 Percent Cream is not medically necessary or fully established for this patient.

**VQ Interferential Stimulator 1 Month Trial:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ICS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page 118-120.

**Decision rationale:** Per the CA MTUS Chronic Pain Medical Treatment Guidelines, Interferential Current Stimulation (ICS) is "Not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone". Per the cited guideline "While not recommended as an isolated intervention, Patient selection criteria if Interferential stimulation is to be used anyway: Possibly appropriate for the following conditions if it has documented and proven to be effective as directed or applied by the physician or a provider licensed to provide

physical medicine: - Pain is ineffectively controlled due to diminished effectiveness of medications; or - Pain is ineffectively controlled with medications due to side effects; or - History of substance abuse; or - Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or - Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.)." Patient has recently started physical therapy for this injury. There is no evidence of failure of conservative measures like physical therapy or pharmacotherapy for this patient. Any evidence of diminished effectiveness of medications or intolerance to medications or history of substance abuse is not specified in the records provided. The medical necessity of VQ Interferential Stimulator 1 Month Trial is not medically necessary or fully established for this patient at this juncture.