

<b>Case Number:</b>	CM15-0107385		
<b>Date Assigned:</b>	06/11/2015	<b>Date of Injury:</b>	09/16/2010
<b>Decision Date:</b>	07/16/2015	<b>UR Denial Date:</b>	05/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2015

### 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  
 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:

The injured worker is a 54 year old female, who sustained an industrial injury on 09/16/2010. She has reported injury to the right shoulder, right knee, and low back. The diagnoses have included lumbar sprain/strain superimposed on non-industrial anterior posterior instrumentation and fusion of L3-L4 and L4-L5, with radicular pain in right L5 distribution; right knee sprain/strain, superimposed on degenerative joint disease; right shoulder pain secondary to a sprain/strain superimposed on underlying degenerative joint disease; and insomnia due to pain. Treatment to date has included medications, diagnostics, injections, TENS (transcutaneous electrical nerve stimulation) unit, and home exercises. Medications have included Dilaudid, Gralise, Ativan, Ambien, Lidoderm patch, and Cymbalta. A progress report from the treating physician, dated 04/10/2015, documented an evaluation with the injured worker. Currently, the injured worker complains of neck and low back pain; wants intrathecal pain pump implantation; her pain and function have worsened; the pain is constant and rated at 7/10 on the pain scale; pain is increased by moving; pain is decreased by rest and medications; Gralise did not help pain and caused side effect; she stopped taking Gralise; depression and anxiety; Dilaudid has been helpful at improving sleep and maintaining function and activities of daily living. Objective findings included mild to moderate distress; tenderness to palpation of the cervical paraspinal muscles; tenderness to palpation of the lumbar paraspinal area; decreased lumbar range of motion with extension; tenderness to palpation of the lumbar facet joints L1 to L5 and straight leg raise test is positive bilaterally. The treatment plan has included the request for Relyyks 4% - 5% PS 90ml.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Relyyks 4%-5% PS 90ml:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

**Decision rationale:** This patient receives treatment for chronic pain involving the right shoulder, knee, and the lower back. This relates back to an industrial injury dated 09/16/2010. This review addresses a request for Relyyks, a compounded topical analgesic solution. Topical analgesics are considered experimental in use, because clinical trials have failed to show efficacy. In addition if a compounded product contains at least one drug or drug class that is not recommended, then that compounded product cannot be recommended. Relyyks solution contains Lidocaine and menthol. Lidocaine is a local anesthetic, which may be indicated to treat peripheral neuropathy, as a second line agent. The Lidoderm brand of Lidocaine patch is used off-label for diabetic neuropathy. Lidocaine in the form of ointments or liquids is not medically approved to treat chronic pain. Menthol is not medically indicated to treat chronic pain in any of its clinical forms. This compounded solution is not medically indicated or necessary.