

<b>Case Number:</b>	CM15-0018680		
<b>Date Assigned:</b>	02/06/2015	<b>Date of Injury:</b>	09/06/2012
<b>Decision Date:</b>	04/21/2015	<b>UR Denial Date:</b>	12/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/02/2015

### 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: 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 58 year old female, who sustained an industrial injury on September 6, 2012. The diagnoses have included spinal claudication at L2 through L5 with radicular symptoms as well as urinary hyperactivity, cervical spine musculoligamentous sprain/strain, lumbar spine musculoligamentous sprain/strain, bilateral hand and wrist sprain/strain rule out carpal tunnel syndrome, upper and lower extremity radicular pain and paresthesias, bilateral thumb sprain/strain and foraminal stenosis and protrusion at L2-L3 with L2 nerve root compression on the right. Treatment to date has included electromyogram and nerve conduction study of the upper extremity on October 22, 2014, L2 right neurogram and selective nerve block and oral medications and topical creams for pain. Currently, the injured worker complains of low back pain that radiates to the right lower extremity specifically to the buttock with associated spasms and cramps and occasional numbness and tingling. In a progress note dated November 3, 2014, the treating provider reports examination of the low back reveals positive straight leg raising test, tension sign and femoral stretch test predominantly on the right side and has bilateral iliopsoas weakness somewhat more on the right side than the left.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 20% gel per 1/13/14 RFA: Upheld**

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

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

**Decision rationale:** The 58 year old patient complains of frequent low back spasms and pain, rated at 6/10, radiating to right buttock, intermittent bilateral wrist and hand pain, rated at 4/10, bilateral upper extremity cramps, anxiety, depression, stress and insomnia, as per progress report dated 10/20/14. The request is for Flurbiprofen 20% Gel Per 01/13/14 RFA. The RFA for the case is dated 09/22/14, and the patient's date of injury is 09/06/12. Diagnoses, as per progress report dated 10/20/14, included spinal adjudication at L2 through L5 with radicular symptoms and urinary hyperactivity, cervical spine musculoligamentous sprain/strain, lumbar spine musculoligamentous sprain/strain, bilateral hand/wrist sprain/strain, upper and lower extremity radicular pain and parasthesias, and bilateral thumb sprain/strain. Medications included Norco, Omeprazole and topical creams. The patient has been allowed to return to modified work, as per the same report. The MTUS guidelines, page 111, do not support the use of topical NSAIDs such as Flurbiprofen for axial, spinal pain, but supports its use for peripheral joint arthritis and tendinitis. In this case, the request of topical Flurbiprofen cream is first noted in progress report dated 01/13/14, and the patient has been using the cream consistently at least since then. The treating physician does not document efficacy as required on page 60 of the MTUS guidelines neither does the physician document why this topical formulation was chosen over other products. Additionally, there is no diagnosis of peripheral joint arthritis and tendinitis for which topical NASIDs are indicated. Hence, the request IS NOT medically necessary.

**Ketoprofen 20%/Ketamine 10% gel per 1/13/14 RFA:** Upheld

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

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

**Decision rationale:** The 58 year old patient complains of frequent low back spasms and pain, rated at 6/10, radiating to right buttock, intermittent bilateral wrist and hand pain, rated at 4/10, bilateral upper extremity cramps, anxiety, depression, stress and insomnia, as per progress report dated 10/20/14. The request is for Ketoprofen 20%/Ketamine 10% Gel Per 01/13/14 RFA. The RFA for the case is dated 09/22/14, and the patient's date of injury is 09/06/12. Diagnoses, as per progress report dated 10/20/14, included spinal claudication at L2 through L5 with radicular symptoms and urinary hyperactivity, cervical spine musculoligamentous sprain/strain, lumbar spine musculoligamentous sprain/strain, bilateral hand/wrist sprain/strain, upper and lower extremity radicular pain and parasthesias, and bilateral thumb sprain/strain. Medications included Norco, Omeprazole and topical creams. The patient has been allowed to return to modified work, as per the same report. The MTUS guidelines, page 111, do not support the use of topical NSAIDs such as Ketoprofen for axial, spinal pain, but supports its use for peripheral joint

arthritis and tendinitis. Regarding topical analgesics, MTUS states that if one of the compounded products is not recommended then the entire compound is not recommended. MTUS guidelines further states "Other agents: Topical ketamine has only been studied for use in non-controlled studies for CRPS I and post-herpetic neuralgia, and both studies showed encouraging results. In this case, the request of topical Ketofen/Ketamine cream is first noted in progress report dated 01/13/14, and the patient has been using the cream consistently at least since then. The treating physician does not document efficacy neither does the physician document why this topical formulation was chosen over other products. Additionally, there is no diagnosis of peripheral joint arthritis and tendinitis for which topical NASIDs are indicated, and there is no diagnoses of CRPS I and post-herpetic neuralgia for which Ketamine cream is indicated. MTUS guidelines, page 111, also state that if one of the compounded products is not recommended then the entire compound is not recommended. Hence, the request IS NOT medically necessary.

**Gabapentin 10%/Cyclobenzaprine 10%/Capsaicin 0.0375% gel per 1/13/14 RFA: Upheld**

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

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

**Decision rationale:** The 58 year old patient complains of frequent low back spasms and pain, rated at 6/10, radiating to right buttock, intermittent bilateral wrist and hand pain, rated at 4/10, bilateral upper extremity cramps, anxiety, depression, stress and insomnia, as per progress report dated 10/20/14. The request is for Gabapentin 10%/Cyclobenzaprine 10%/Capsaicin 0/0375% Gel Per 01/13/14 RFA. The RFA for the case is dated 09/22/14, and the patient's date of injury is 09/06/12. Diagnoses, as per progress report dated 10/20/14, included spinal claudication at L2 through L5 with radicular symptoms and urinary hyperactivity, cervical spine musculoligamentous sprain/strain, lumbar spine musculoligamentous sprain/strain, bilateral hand/wrist sprain/strain, upper and lower extremity radicular pain and paresthesias, and bilateral thumb sprain/strain. Medications included Norco, Omeprazole and topical creams. The patient has been allowed to return to modified work, as per the same report. Regarding topical analgesics, MTUS guidelines on page 111, state that "Gabapentin: Not recommended. There is no peer-reviewed literature to support use". Additionally, the guidelines state that there is no evidence for use of any muscle relaxants such as cyclobenzaprine as a topical product. For Lidocaine, the MTUS guidelines do not support any other formulation than topical patches. In this case, the request of topical Gabapentin/Cyclobenzaprine/Capsaicin cream is first noted in progress report dated 01/13/14, and the patient has been using the cream consistently at least since then. The treating physician does not document efficacy neither does the physician document why this topical formulation was chosen over other products. However, Gabapentin, Lidocaine and Cyclobenzaprine are not recommended by MTUS in topical form. MTUS Guidelines also provide clear discussion regarding topical compounded creams on pg 111. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. This request IS NOT medically necessary.