

<b>Case Number:</b>	CM15-0138080		
<b>Date Assigned:</b>	07/28/2015	<b>Date of Injury:</b>	12/04/2012
<b>Decision Date:</b>	09/25/2015	<b>UR Denial Date:</b>	07/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2015

### 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: 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 49-year-old male, who sustained an industrial injury on December 4, 2012 while working as a truck driver. The injury occurred while performing his usual and customary duties. The injured worker has been treated for low back complaints. The diagnoses have included lumbosacral discopathy, lumbar herniated nucleus pulposus, lumbar myospasms, lumbar referred pain in the bilateral lower extremities and probable bilateral sacroiliitis. Treatment and evaluation to date has included medications, radiological studies, MRI, radiofrequency lumbar facet neurotomy, lumbar injections, physical therapy, chiropractic treatments, home exercise program and a lumbar fusion on March 17, 2015. The injured worker was not working. Current documentation dated June 15, 2015 notes that the injured worker reported episodic spasms of the lower back as well as episodes of sharp burning pain in the right great toe. Lumbar spine examination revealed diffuse paraspinal tenderness. Neurological status was intact. The treating physician's plan of care included requests for the compound creams: Flurbiprofen 20%- Lidocaine 5% 150 gm, Gabapentin 10%-Amitriptyline 5%-Capsaicin 0.025% 150 gm and Cyclobenzaprine 10%-Lidocaine 2% 150 gm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 20% Lidocaine 5%150gm: 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:** Based on the 06/15/15 progress report provided by treating physician, the patient presents with spasms of the lower back as well as episodes of sharp burning pain in the right great toe. The patient is status post lumbar fusion 03/17/15. The request is for Flurbiprofen 20% Lidocaine 5 0gm. RFA with the request not provided. Patient's diagnosis on 06/15/15 includes advanced discopathy L4-L5, L5-S1, and probable bilateral sacroiliitis. Physical examination to the lumbar spine on 06/15/15 revealed diffuse paraspinal tenderness to L4, L5, and S1 segments. Treatment to date has included radiological studies, MRI, radiofrequency lumbar facet neurotomy, lumbar injections, physical therapy, chiropractic treatments, home exercise program, and medications; Patient is prescribed Norco and topical creams. The patient is off work. MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Per 06/15/15 report, treater states, "at this point, patient has been on oral analgesics, and/or not tolerating oral medication. Based on this and my hope to avoid or minimize the amount of oral medication I am prescribing the following transdermal creams." However, the requested topical compound contains Lidocaine, which is not supported for topical use in lotion form, according to guidelines. MTUS page 111 states that if one of the compounded topical products is not recommended, then the entire product is not. This request is not in accordance with guidelines. Therefore, the request is not medically necessary.

**Gabapentin 10%, Amitriptylin 5%, Capsaicin 0.025%150gm: 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:** Based on the 06/15/15 progress report provided by treating physician, the patient presents with spasms of the lower back as well as episodes of sharp burning pain in the right great toe. The patient is status post lumbar fusion 03/17/15. The request is for Gabapentin 10%, Amitriptylin 5%, and Capsaicin 0.025 0gm. RFA with the request not provided. Patient's diagnosis on 06/15/15 includes advanced discopathy L4-L5, L5-S1, and probable bilateral sacroiliitis. Physical examination to the lumbar spine on 06/15/15 revealed diffuse paraspinal tenderness to L4, L5, and S1 segments. Treatment to date has included radiological studies, MRI, radiofrequency lumbar facet neurotomy, lumbar injections, physical therapy, chiropractic treatments, home exercise program, and medications; Patient is prescribed Norco and topical

creams. The patient is off work. MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Per 06/15/15 report, treater states, "at this point, patient has been on oral analgesics, and/or not tolerating oral medication. Based on this and my hope to avoid or minimize the amount of oral medication I am prescribing the following transdermal creams." However, the requested topical compound contains Gabapentin, which is not supported for topical use in lotion form, according to guidelines. MTUS page 111 states that if one of the compounded topical products is not recommended, then the entire product is not. This request is not in accordance with guidelines. Therefore, the request is not medically necessary.

**Cyclobenzaprine 10%, Lidocaine 2% 150gm: 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:** Based on the 06/15/15 progress report provided by treating physician, the patient presents with spasms of the lower back as well as episodes of sharp burning pain in the right great toe. The patient is status post lumbar fusion 03/17/15. The request is for Cyclobenzaprine 10%, Lidocaine 2% 150gm. RFA with the request not provided. Patient's diagnosis on 06/15/15 includes advanced discopathy L4-L5, L5-S1, and probable bilateral sacroiliitis. Physical examination to the lumbar spine on 06/15/15 revealed diffuse paraspinal tenderness to L4, L5, and S1 segments. Treatment to date has included radiological studies, MRI, radiofrequency lumbar facet neurotomy, lumbar injections, physical therapy, chiropractic treatments, home exercise program, and medications; Patient is prescribed Norco and topical creams. The patient is off work. MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Per 06/15/15 report, treater states, "at this point, patient has been on oral analgesics, and/or not tolerating oral medication. Based on this and my hope to avoid or minimize the amount of oral medication I am prescribing the following transdermal creams." However, the requested topical compound contains Lidocaine and Cyclobenzaprine, which are not supported

for topical use in lotion form, according to guidelines. MTUS page 111 states that if one of the compounded topical products is not recommended, then the entire product is not. This request is not in accordance with guidelines. Therefore, the request is not medically necessary.