

<b>Case Number:</b>	CM15-0138563		
<b>Date Assigned:</b>	07/28/2015	<b>Date of Injury:</b>	09/04/2013
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	06/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2015

### 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 47-year-old male who sustained an industrial injury on 9/4/13 when he felt a sharp crack in his low back causing him to fall from a scaffold and landed on his knees. He sustained injuries to his neck, mid and low back. He was medically evaluated, underwent x-rays, an MRI, and physical therapy and received medications. He currently complains of persistent, constant, sharp burning radicular neck pain and muscle spasms with radiation to bilateral upper extremities and numbness and tingling with a pain level of 7-8/10; constant, achy mid-back and muscle spasms with a pain level of 5/10; constant radicular low back pain and muscle spasms with a pain level of 7/10 and numbness and tingling of bilateral lower extremities. Medications do offer temporary relief and improve his ability to have a restful sleep. On physical exam of the cervical spine there was tenderness to palpation, trigger points at the left upper trapezius, decreased range of motion, cervical distraction and compression tests were positive bilaterally, decreased sensation in the C6 and C7 dermatomes in the bilateral upper extremities; thoracic spine exam revealed tenderness to palpation with muscle guarding, decreased range of motion, positive Kemp's test; lumbar spine revealed tenderness to palpation, bilateral lumbar paraspinal muscle guarding, decreased range of motion, positive straight leg raise bilaterally, positive Kemp's bilaterally. Medications were deprizine, dicopanol, Famatrex, Synapryn, tabradol, cyclobenzaprine, gabapentin, flurbiprofen. Diagnoses include lumbar spine and myofascial pain syndrome; cervical spine sprain/ strain; cervical radiculopathy; thoracic spine sprain/ strain; thoracic spine pain; lumbar spine herniated nucleus pulposus; lumbago; lumbar radiculopathy. Treatments to date include medications, chiropractic sessions for the lumbar spine; shock wave therapy for the cervical and lumbar spine; localized intense neurostimulation therapy for the lumbar spine; acupuncture, lumbar spine. Diagnostics include MRI of the lumbar spine (10/1/14) showing disc desiccation, disc protrusion; MRI of the thoracic spine (10/1/14) showing scoliosis; MRI of the cervical spine (10/1/14) showing

desiccation; trigger points impedance imaging (4/29/15); x-ray of the thoracic spine (10/14/14) showing straightening of normal thoracic kyphosis that was either positional or an element of myospasm; x-ray of the lumbar spine 10/14/14) showing straightening of normal thoracic kyphosis that was either positional or an element of myospasm; x-ray of the cervical spine (10/14/14) unremarkable. On 6/25/15 Utilization Review evaluated the requests for retrospective: cyclobenzaprine/ amitriptyline/ gabapentin (date of service 4/16/15); retrospective: Capsaicin/ menthol/ campho/ gabapentin/ flurbiprofen (date of service 4/16/15).

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Retrospective: Cyclobenzaprine/Amitriptyline/Gabapentin (DOS: 04/16/2015): Upheld**

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

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

**Decision rationale:** The 47-year-old patient complains of radicular neck pain, rated at 7-8/10, along with numbness and tingling in bilateral upper extremities; mid back pain, rated at 5/10; and radicular low back pain, rated at 7/10, along numbness and tingling in bilateral lower extremities, as per progress report dated 04/30/15. The request is for RETROSPECTIVE: CYCLOBENZAPRINE / AMITRIPTYLINE / GABAPENTIN (DOS: 04/16/2015). The RFA for this case is dated 03/06/15, and the patient's date of injury is 09/04/13. Diagnoses, as per progress report dated 04/30/15, included cervical spine sprain/strain r/o HNP, cervical radiculopathy, thoracic spine sprain/strain r/o HNP, thoracic spine pain, lumbar spine HNP, lumbago, and lumbar radiculopathy. Medications included Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, Cyclobenzaprine, Gabapentin, and Flurbiprofen. The patient has been allowed to return to modified work, as per the same progress report. MTUS guidelines on page 111, state that "Gabapentin: Not recommended. There is no peer-reviewed literature to support use." The guidelines also state that there is no evidence for use of any muscle relaxants such as cyclobenzaprine as a topical product. Additionally, the guidelines state that there is no evidence for use of any muscle relaxants such as cyclobenzaprine as a topical product. 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. In this case, none of the progress reports discuss the request. It is not clear if this is the first prescription for this topical formulation or if the patient has used the cream in the past. There is no documentation of efficacy. MTUS specifically states that Gabapentin is not recommended in any topical formulation. There is no evidence for the use of muscle relaxants such as cyclobenzaprine as well. Additionally, the Guidelines state clearly that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Hence, this request IS NOT medically necessary.

**Retrospective: Capsaicin/Menthol/Camphor/Gabapentin/Flurbiprofen (DOS: 04/16/2015): Upheld**

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

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

**Decision rationale:** The 47-year-old patient complains of radicular neck pain, rated at 7-8/10, along with numbness and tingling in bilateral upper extremities; mid back pain, rated at 5/10; and radicular low back pain, rated at 7/10, along numbness and tingling in bilateral lower extremities, as per progress report dated 04/30/15. The request is for RETROSPECTIVE: CAPSAICIN / MENTHOL / CAMPHOR / GABAPENTIN / FLURBIPROFEN (DOS: 04/16/2015). The RFA for this case is dated 03/06/15, and the patient's date of injury is 09/04/13. Diagnoses, as per progress report dated 04/30/15, included cervical spine sprain/strain r/o HNP, cervical radiculopathy, thoracic spine sprain/strain r/o HNP, thoracic spine pain, lumbar spine HNP, lumbago, and lumbar radiculopathy. Medications included Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, Cyclobenzaprine, Gabapentin, and Flurbiprofen. The patient has been allowed to return to modified work, as per the same progress report. MTUS guidelines on page 111, state that "Gabapentin: Not recommended. There is no peer-reviewed literature to support use." The MTUS guidelines 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. The MTUS has the following regarding topical creams (p111, chronic pain section): 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). 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. 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." In this case, none of the progress reports discuss the request. It is not clear if this is the first prescription for this topical formulation or if the patient has used the cream in the past. There is no documentation of efficacy. MTUS specifically states that Gabapentin is not recommended in any topical formulation. Additionally, there is no indication of peripheral joint arthritis for which topical Flurbiprofen is recommended. MTUS does not allow for any other formulation of Lidocaine other than topical patches. MTUS Guidelines also provide a 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. Since all the three components of this cream are not indicated by the guidelines, this request IS NOT medically necessary.

