

<b>Case Number:</b>	CM15-0138958		
<b>Date Assigned:</b>	07/28/2015	<b>Date of Injury:</b>	02/02/2011
<b>Decision Date:</b>	08/27/2015	<b>UR Denial Date:</b>	06/24/2015
<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: New York, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

### 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 61 year old male, who sustained an industrial injury on February 2, 2011. He reported feeling a pop in his back and low back pain. The injured worker was diagnosed as having muscle strain. Treatment to date has included medication, toxicology screen, electro-diagnostic studies, MRI, nerve root block, psychiatric evaluation and activity modifications. Currently, the injured worker complains of constant, persistent lower back pain that radiates down both lower legs (right greater than left) and described as numbness, tingling, weakness, cramping, spasms and burning. He rates the pain at 7-10 on 10. The pain is exacerbated by coughing, sneezing, straining and prolonged sitting and standing and is somewhat improved with medication and therapy. The left shoulder pain radiates down the left arm and is rated 3-7 on 10. His overall pain is described as sharp, shooting, aching and cramping and is associated with tingling, numbness and muscle weakness (both lower legs, but greater on the right side). He also reports constant neck pain with intermittent headache, anxiety, depression and insomnia. The injured worker is diagnosed with lumbosacral neuritis-radiculitis. His work status is permanent and stationary. A note dated January 12, 2015 states the injured worker experienced a 35%-40% improvement in pain from the nerve block. A note dated May 14, 2015 states the injured worker experienced significant efficacy from pain medication. The following medication, Flurbiprofen 20% Lidocaine 5% Amitriptyline 5% compound and Ultraflex-G Gabapentin 10% Cyclobenzaprine 6% Tramadol 10% compound (both with date of service April 15, 2015) are requested as the injured worker prefers to take less oral medications and experiences efficacy from the topical medications.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro (DOS 4/15/2015) Flurbiprofen 20%/Lidocaine 5%/Amitriptylline 5%: 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 Page(s): 111-112.

**Decision rationale:** Per the guidelines, topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder and there is no evidence to support its use in neuropathic pain. There is no documentation of efficacy with regards to pain and functional status or a discussion of side effects specifically related to this topical analgesic. Regarding topical Flurbiprofen 20%/Lidocaine 5%/Amitriptylline 5% in this injured worker, the records do not provide clinical evidence to support medical necessity. The request is not medically necessary.

**Retro (DOS 4/15/2015): Ultraflex-G Gabapentin 10%/ Cyclobenzaprine 6%/Tramadol 10%: 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 Page(s): 111-112.

**Decision rationale:** Per the guidelines, topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no documentation of efficacy with regards to pain and functional status or a discussion of side effects specifically related to this topical analgesic. Regarding topical Ultraflex-G Gabapentin 10%/ Cyclobenzaprine 6%/ Tramadol 10% in this injured worker, the records do not provide clinical evidence to support medical necessity. The request is not medically necessary.