

<b>Case Number:</b>	CM15-0139605		
<b>Date Assigned:</b>	07/29/2015	<b>Date of Injury:</b>	01/22/2004
<b>Decision Date:</b>	08/26/2015	<b>UR Denial Date:</b>	07/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 1/22/2004. Diagnoses include multilevel lumbar spondylosis, status post prior fusion L4-5, L2-3 retrolisthesis, degenerative scoliosis and vacuum phenomenon, and right sided L5-S1 disc protrusion with stenosis resulting in L5 radiculopathy. Treatment to date has included surgical intervention (L4-5 spinal fusion), as well as conservative measures consisting of diagnostics, home exercise, injections, chiropractic, work modifications, physical therapy, facet rhizotomy, and narcotic pain medications. He underwent detoxification for inappropriate polypharmacy with dependence on narcotics. Per the Primary Treating Physician's Progress Report dated 6/08/2015, the injured worker presents after having undergone magnetic resonance imaging (MRI) of the lumbar spine. The MRI confirms a spinal fusion at L4-5. There is a right sided disc herniation intraforaminal resulting in moderate to severe foraminal stenosis right side at L5-S1. There is also broad based sub ligamentous protrusion at the L3-4 level. There is advanced discogenic collapse at L2-3. Physical examination revealed hypoesthesia in the L5 distribution and notable EHL weakness on the right side. He is not tolerating oral analgesics. The plan of care included injections and topical compound medications and authorization was authorization was requested for one lumbar epidural selective nerve root block right L5, Flurbiprofen 20%/Lidocaine 5% 150gm, Gabapentin 10%/Amitriptyline 5%/Capsaicin 0.025% 150gm and Cyclobenzaprine 10%/Lidocaine 2% 150gm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Prescription of Flurbiprofen 20% and 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 (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113.

**Decision rationale:** The claimant has a remote history of a work-related injury and continues to be treated for radiating low back pain after a lumbar fusion. When seen, recent imaging results were reviewed. There was decreased lower extremity strength and sensation. Topical compounded cream was prescribed. Prior medications have included Suboxone, Xanax, Edluar, Prozac, and Lidoderm. Compounded topical preparations of flurbiprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as diclofenac. In this case, there is no evidence that the claimant has failed a trial of topical diclofenac. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. In this case, there are other single component topical treatments that could be considered. Guidelines also recommend that when prescribing medications only one medication should be given at a time. The requested medication was not medically necessary.

**1 Prescription of Gabapentin 10% and Amitriptyline 5% and 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 (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113.

**Decision rationale:** The claimant has a remote history of a work-related injury and continues to be treated for radiating low back pain after a lumbar fusion. When seen, recent imaging results were reviewed. There was decreased lower extremity strength and sensation. Topical compounded cream was prescribed. Prior medications have included Suboxone, Xanax, Edluar, Prozac, and Lidoderm. Oral Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Its use as a topical product is not recommended. Many agents are compounded as monotherapy or in combination for pain control such as opioids antidepressants, glutamate receptor antagonists, alpha-adrenergic receptor agonists, adenosine, cannabinoids, cholinergic receptor agonists, GABA agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor. There is little to no research to support the use of many these agents including amitriptyline. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. In this case, there are other single component topical treatments that could be considered. Guidelines also recommend that when prescribing medications only one medication should be given at a time. This medication was not medically necessary.

## **1 Prescription of Cyclobenzaprine 10% and 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 (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113.

**Decision rationale:** The claimant has a remote history of a work-related injury and continues to be treated for radiating low back pain after a lumbar fusion. When seen, recent imaging results were reviewed. There was decreased lower extremity strength and sensation. Topical compounded cream was prescribed. Prior medications have included Suboxone, Xanax, Edluar, Prozac, and Lidoderm. Cyclobenzaprine is a muscle relaxant and there is no evidence for the use of any muscle relaxant as a topical product. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. In this case, there are other single component topical treatments that could be considered. Guidelines also recommend that when prescribing medications only one medication should be given at a time. This medication was not medically necessary.