

<b>Case Number:</b>	CM15-0146339		
<b>Date Assigned:</b>	08/07/2015	<b>Date of Injury:</b>	04/05/2015
<b>Decision Date:</b>	09/09/2015	<b>UR Denial Date:</b>	07/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2015

### 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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 63 year old male, who sustained an industrial injury on 4-5-15. Initial complaints were of a slip and fall injury. The injured worker was diagnosed as having left tibial plateau bone marrow edema; posttraumatic cervical myeloradiculopathy stenosis with cord compression C3-C8; herniation protrusion right L5-S1; right L5-S1 radiculopathy; right foot drop. Treatment to date has included physical therapy; urine drug screening; medications. Diagnostics studies included EMG/NCV study upper extremities (2-26-15); X-rays of the left knee (4-14-15); MRI left knee (5-6-15). Currently, the PR-2 notes dated 6-9-15 indicated the injured worker complains of constant severe neck pain rated at 8 out of 10 in severity with radiation to the bilateral upper extremities, with associated numbness and tingling sensation left worse than right. He also complains of constant moderate to severe low back pain rated at 6 out of 10 with radiation to the bilateral lower extremities with associated numbness and tingling sensation right worse than left. In addition, he complains of constant severe left knee pain rated at 8 out of 10 in severity with associated weakness. He reports having anxiety, stress, and insomnia. His current medications include Norco, Ibuprofen, and topical creams. He is not attending physical therapy at this time. On physical examination the provider documents the cervical spine reveals a range of motion to flexion at 25 over 50 degrees and extension 15 out of 60 degrees, right rotation at 45 over 80 degrees, left 40 out of 80 and right lateral bend and left lateral bend both 10 over 45 degrees. Orthopedic testing reveals Spurling's test is positive bilaterally. Hoffmann's sign is positive bilaterally. Motor strength testing reveals weakness in the bilateral deltoid, biceps and wrist extensor muscles at 4 out of 5. Sensory deficit is noted over the left side of C5 and C6 dermatomes. Examination of the left knee reveals range of motion

at 100 over 150 degrees and extension at 0 over 0 degrees. An EMG study completed on 2-26-15 impression revealed chronic C5 nerve root irritation on the left side and chronic C6 nerve root irritation on the right side. An EMG dated 2-16-15 of the lower extremities impression revealed chronic L5 nerve root irritation on the right. X-rays of the left knee were taken on 4-14-15 2 views revealing mild patellar degenerative changes; otherwise, the left knee examination is within normal limits. There is no fracture or dislocation. A MRI of the left knee was done on 5-6-15 revealing extensive bone marrow edema pattern lateral tibial plateau. The provider is requesting authorization of Flurbiprofen 20% cream 120gm; Retoprofen 20% Tetamine 10% cream 120gm and Gabapentin 10% Cyclobenzaprine 10% Capsaicin 0.0375% cream 120gm.

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

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

**Flurbiprofen 20% cream 120gm: 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): 111-113 of 127.

**Decision rationale:** Regarding the request for Flurbiprofen 20% cream 120gm, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Topical NSAIDs are indicated for "Osteoarthritis and tendonitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use". Within the documentation available for review, none of the abovementioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient, despite guideline recommendations. In light of the above issues, the currently requested Flurbiprofen 20% cream 120gm is not medically necessary.

**Retoprofen 20% Tetamine 10% cream 120gm: 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): 111-113 of 127.

**Decision rationale:** Regarding the request for Retoprofen 20% Ketamine 10% cream 120gm, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Topical NSAIDs are indicated for "Osteoarthritis and tendonitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use

(4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use". Topical ketamine is only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. Within the documentation available for review, none of the abovementioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient, despite guideline recommendations. In light of the above issues, the currently requested Retoprofen 20% Ketamine 10% cream 120gm is not medically necessary.

**Gabapentin 10% Cyclobenzaprine 10% Capsaicin0.0375% cream 120gm: 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): 111-113 of 127.

**Decision rationale:** Regarding the request for Gabapentin 10% Cyclobenzaprine 10% Capsaicin 0.0375% cream 120gm, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Capsaicin is "Recommended only as an option in patients who have not responded or are intolerant to other treatments". Muscle relaxants drugs are not supported by the CA MTUS for topical use. Regarding topical gabapentin, Chronic Pain Medical Treatment Guidelines state that topical anti-epileptic medications are not recommended. They go on to state that there is no peer-reviewed literature to support their use. Within the documentation available for review, none of the abovementioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient, despite guideline recommendations. In light of the above issues, the currently requested Gabapentin 10% Cyclobenzaprine 10% Capsaicin0.0375% cream 120gm is not medically necessary.