

Case Number:	CM15-0149342		
Date Assigned:	08/14/2015	Date of Injury:	06/26/2013
Decision Date:	09/16/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/31/2015

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 43 year old female, who sustained an industrial injury on 6-26-13. Initial complaints were not reviewed. The injured worker was diagnosed as having cervical sprain-strain; multilevel cervical spondylosis C3-C7; bilateral shoulder sprain-strain with subacromial bursitis; thoracic sprain-strain with presumed myofascial pain; lumbosacral sprain-strain with radiation left lower extremity; spondylosis with probable spondylolisthesis and spondylolysis at L5-S1; right-sided shoulder SLAP tear. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 6-12-15 indicated the injured worker complains of ongoing and worsening neck pain. She reports she has not yet seen the orthopedic specialist for her shoulder, wrist and arm. On physical examination the provider documents the cervical spine is exquisitely tender at C4 through C7 as well as bilateral upper traps. Motor strength testing is stable although she does have notable upper extremity weakness as previously outlines due to her pain. The provider notes she has undergone bilateral C5-C6, C6-C7 facet blocks and did substantially improve her pain levels for about three weeks. The relief has worn off and now reported worse than ever. The provider is waiting on authorization of an orthopedic specialist consultation in regards to her bilateral shoulder and wrist pain. He reports he is trying to minimize her oral medications and he is prescribing transdermal creams. The provider is requesting authorization of Compound: Flurbiprofen 20%/ Lidocaine 5% 150gm; Compound: Gabapentin 10%/Amitriptyline 5%/ Capsaicin 0.025% 150gm and Compound: 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:

Compound: 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 06/12/15 progress report provided by treating physician, the patient presents with pain to neck, shoulder, wrist and arm. The request is for Compound: Flurbiprofen 20%/Lidocaine 5% 150gm. RFA with the request not provided. Patient's diagnosis on 06/12/15 includes cervical sprain/strain without radiculopathy, multilevel cervical spondylosis C4-C7, bilateral shoulder sprain-strain with subacromial bursitis, thoracic sprain-strain with presumed myofascial pain, lumbosacral sprain-strain with radiation left lower extremity, spondylosis with probable spondylolisthesis and spondylolysis at L5-S1, and right-sided shoulder SLAP tear. Physical examination to the cervical spine on 06/12/15 revealed tenderness from C4-C7. Tenderness noted to bilateral upper traps. Treatment to date has included physical therapy, cervical facet blocks and medications. The patient may return to modified work, per 06/12/15 sole progress report provided. MTUS has the following regarding topical creams (p 111, 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 06/12/15 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.

Compound: Gabapentin 10%/Amitriptyline 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 06/12/15 progress report provided by treating physician, the patient presents with pain to neck, shoulder, wrist and arm. The request is for Compound: Gabapentin 10%/Amitriptyline 5%/ Capsaicin 0.025% 150GM. RFA with the request not provided. Patient's diagnosis on 06/12/15 includes cervical sprain/strain without radiculopathy, multilevel cervical spondylosis C4-C7, bilateral shoulder sprain-strain with subacromial bursitis, thoracic sprain-strain with presumed myofascial pain, lumbosacral sprain-strain with radiation left lower extremity, spondylosis with probable spondylolisthesis and spondylolysis at L5-S1, and right-sided shoulder SLAP tear. Physical examination to the cervical spine on 06/12/15 revealed tenderness from C4-C7. Tenderness noted to bilateral upper traps. Treatment to date has included physical therapy, cervical facet blocks and medications. The patient may return to modified work, per 06/12/15 sole progress report provided. MTUS has the following regarding topical creams (p 111, 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 06/12/15 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 and Amitriptyline, 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.

Compound: 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 06/12/15 progress report provided by treating physician, the patient presents with pain to neck, shoulder, wrist and arm. The request is for Compound: Cyclobenzaprine 10%/Lidocaine 2% 150gm. RFA with the request not provided. Patient's diagnosis on 06/12/15 includes cervical sprain/strain without radiculopathy, multilevel cervical spondylosis C4-C7, bilateral shoulder sprain-strain with subacromial bursitis, thoracic sprain-strain with presumed myofascial pain, lumbosacral sprain-strain with radiation left lower

extremity, spondylosis with probable spondylolisthesis and spondylolysis at L5-S1, and right-sided shoulder SLAP tear. Physical examination to the cervical spine on 06/12/15 revealed tenderness from C4-C7. Tenderness noted to bilateral upper traps. Treatment to date has included physical therapy, cervical facet blocks and medications. The patient may return to modified work, per 06/12/15 sole progress report provided. MTUS has the following regarding topical creams (p 111, 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 06/12/15 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.