

Case Number:	CM15-0149992		
Date Assigned:	08/13/2015	Date of Injury:	10/13/2014
Decision Date:	09/24/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	08/03/2015

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 26 year old female, who sustained an industrial injury on 10-13-14. She reported low back pain from repetitive lifting. The injured worker was diagnosed as having low back pain, muscle spasms and possible lumbar disc herniation. Treatment to date has included physical therapy, oral medications including Flexeril, Norco, Effexor and Medrol dose pack; chiropractic treatment, acupuncture and activity modifications. Currently on 6-8-15, the injured worker complains of constant pain in low back rated 3-4 out of 10 with radiation to groin and lower extremities. She notes difficulty getting out of bed and with all activities of daily living. She is currently temporarily totally disabled. Physical exam performed on 6-8-15 revealed unable to ambulate without assistance, tearful and tenderness to palpation of lumbar spine with restricted range of motion and normal gait. The treatment plan included continuation of oral medications, addition of Naprosyn 500mg, transcutaneous electrical nerve stimulation (TENS) unit, (EMG) Electromyogram studies and a request for authorization for topical Flurbiprofen 15%, Baclofen 2%, Cyclobenzaprine 2%, Gabapentin 6%, and Lidocaine 2.5%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical pain lotion (Flurbiprofen 15%, Baclofen 2%, Cycloenzaprine 2%, Gabapetin 6%, Lidocaine 2.5%), 120 gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical compounds; Compound medications Page(s): 112, 121-122.

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

Decision rationale: The patient was injured on 10/13/14 and presents with lower back pain which radiates to her groin and lower extremities. The request is for a TOPICAL PAIN LOTION (FLURBIPROFEN 15%, BACLOFEN 2%, CYCLOENZAPRINE 2%, GABAPETIN 6%, LIDOCAINE 2.5%), 120 GM. The RFA is dated 06/25/15 and the patient is temporarily totally disabled. MTUS Guidelines, Topical Analgesics NSAIDs, page 111 states: "Topical analgesics are largely experimental and used with few randomized controlled 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. 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. Gabapentin: Not recommended." Flurbiprofen, an NSAID, is indicated for peripheral joint arthritis/tendinitis. Cyclobenzaprine is a muscle relaxant and is not supported for any topical formulation. 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 continues to state that many agents are compounded for pain control including antidepressants and that there is little to no research to support their use. "There is currently one Phase III study of baclofen-amitriptyline-ketamine gel in cancer patients for treatment of chemotherapy-induced peripheral neuropathy. There is no peer review literature to support the use of topical baclofen." The patient is diagnosed with low back pain, muscle spasms and possible lumbar disc herniation. MTUS Guidelines page 111 do not recommend a compounded product if one of the compounds are not indicated for use. Neither Baclofen, Gabapentin, Lidocaine (non-patch form), nor Cyclobenzaprine are indicated for topical cream. Furthermore, the patient does not present with arthritis/tendinitis as indicated by MTUS guidelines for Flurbiprofen. The requested topical cream IS NOT medically necessary.