

Case Number:	CM15-0161878		
Date Assigned:	08/27/2015	Date of Injury:	01/27/2011
Decision Date:	09/30/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	08/17/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 34 year old male, who sustained an industrial injury on 01-27-2011. On provider visit dated 05-20-2015 the injured worker has reported back pain. On examination, tenderness was noted along the left superior iliac crest and pain on extension was noted. The lumbar spine range of motion as noted as decreased. The diagnoses have included status post laminectomy, microdiscectomy L5-S1 status post redo laminectomy, microdiscectomy right side and epidural scarring L5-S1. Treatment to date has included medication and exercise program. The provider requested Topical Cream of Gabapentin 10% Amitriptyline 5% Capsaicin 0.025% 150gm, Topical Cream of Cyclobenzaprine 10% Lidocaine 2% 150gm and Topical Cream of Flurbiprofen 20% Lidocaine 5% 150gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Cream of Gabapentin 10%/Amitriptylin 5%/Capsaicin 0.025% 150gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, gabapentin, topical.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical anti-epileptics such as Gabapentin are not recommended due to lack of evidence. In addition, the claimant was given 2 other topicals simultaneously. There is no evidence to support multiple topical analgesics. The claimant has been on topical analgesics for several months with oral Norco . Since the compound above contains these topical medications, the Gabapentin 10%/ Amitriptylin 5%/Capsaicin 0.025% is not medically necessary.

Topical Cream of Cyclobenzaprine 10%/ Lidocaine 2% 150gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, Lidocaine, Topical.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical muscle relaxants such as Cyclobenzaprine are not recommended due to lack of evidence. Topical Lidocaine is approved for diabetic and herpetic neuropathy. The claimant has been on topical analgesics for several months with oral Norco .Since the compound above contains these topical medications, the Cyclobenzaprine 10%/ Lidocaine 2% is not medically necessary.

Topical Cream of Flurbiprofen 20% / Lidocaine 5% 150gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, Topical NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Flurbiprofen is a topical NSAID. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term

use (4-12 weeks) for arthritis. Topical Lidocaine is approved for diabetic and herpetic neuropathy. In this case, the claimant does not have arthritis and long-term use is not indicated. There are diminishing effects after 2 weeks. Topical NSAIDS can reach systemic levels similar to oral NSAIDS. The claimant has been on topical analgesics for several months with oral Norco. The Flurbiprofen/Lidocaine is not medically necessary.