

<b>Case Number:</b>	CM15-0168333		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	08/25/2014
<b>Decision Date:</b>	10/14/2015	<b>UR Denial Date:</b>	08/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2015

### 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: Texas, 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:

This is a 55-year-old female patient, who sustained an industrial injury on 8-25-14. The diagnoses include cervical spine-lumbar spine radiculopathy, cervical spine-lumbar spine stenosis and cervical spine-lumbar spine spondylosis. Per the doctor's note dated 7-22-15, she had complains of low back pain and neck pain rated 8-9 out of 10 during the night and 4 out of 6 during the day; pain in bilateral gluteal hip areas; pain in head with headaches and bilateral shoulder areas. Her pain was increased with lifting, bending, sitting and walking and improved with ice, capsaicin cream and Celebrex. She is temporarily totally disabled. The physical examination revealed decreased sensation to touch on right cervical spine, decreased range of motion and right decreased lumbar sensation to touch along with a normal gait, decreased lumbar spine range of motion; cervical and lumbar tenderness; positive Spurling test and straight leg raising test bilaterally. The medications list includes Celebrex, tramadol, meloxicam, Naproxen and Ibuprofen. Patient was prescribed tizanidine and compound topical creams. She has undergone right carpal tunnel release in 2010 and trigger finger release in 2011. She has had (MRI) magnetic resonance imaging of lumbar spine dated 2-13-15 which revealed scattered degenerative disc and facet changes mostly in the lower lumbar spine; cervical spine MRI dated 2/13/15 which revealed mild degenerative disc and uncovertebral changes mostly in the lower cervical spine without high grade spinal or neural foraminal narrowing. She has had physical therapy visits for this injury. A request for authorization was submitted dated 7-23-15 for Flurbiprofen 25%-Lidocaine 5%-menthol 5%-Camphor 1%; Tizanidine 4mg #90 and Cyclobenzaprine 10%-Gabapentin 55-lidocaine 5%-Capsaicin 0.025%. On 8-17-15, utilization

review denied requests for Flurbiprofen 25%-Lidocaine 5%-menthol 5%-Camphor 1%; Tizanidine 4mg #90 and Cyclobenzaprine 10%-Gabapentin 55-lidocaine 5%-Capsaicin 0.025% due to Cyclobenzaprine and Gabapentin not being supported by CA MTUS guidelines and guidelines do not recommend topical compound medications if all the components of the medication are not recommended.

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

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

**Flurbiprofen 25%, Lidocaine 5%, Menthol 5%, Camphor 1% (retrospective DOS 7/22/15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** Flurbiprofen 25%, Lidocaine 5%, Menthol 5%, Camphor 1% (retrospective DOS 7/22/15) This is a request for topical compound medication. Flurbiprofen is an NSAID. The cited Guidelines regarding topical analgesics state, "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. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, and antidepressants). (Argoff, 2006) There is little to no research to support the use of many of these agents." Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. "Topical NSAIDs- 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." Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Non-neuropathic pain: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. The cited guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Failure of antidepressants and anticonvulsants for this injury is not specified in the records provided. Intolerance to oral medication (other than NSAID) is not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen is not recommended by MTUS for topical use as cited above because of the absence of high-grade scientific evidence to support their effectiveness. There is no high-grade clinical evidence to support the effectiveness of topical menthol in lotion form. The medical necessity of Flurbiprofen 25%, Lidocaine 5%, Menthol 5%, Camphor 1% (retrospective DOS 7/22/15) is not fully established for this patient.

**Cyclobenzaprine 10%, Gabapentin 5%, Lidocaine 5%, Capsaicin 0.025% (retrospective DOS 7/22/15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** Cyclobenzaprine 10%, Gabapentin 5%, Lidocaine 5%, Capsaicin 0.025% (retrospective DOS 7/22/15) This is a request for topical compound medication. Cyclobenzaprine is a muscle relaxant and gabapentin is an anticonvulsant. The MTUS Chronic Pain Guidelines regarding topical analgesics state, "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. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, and antidepressants). (Argoff, 2006) There is little to no research to support the use of many of these agents." Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. "Topical NSAIDs- 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." Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Non-neuropathic pain: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. Gabapentin: Not recommended. There is no peer-reviewed literature to support use. MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Failure of antidepressants and anticonvulsants for this injury is not specified in the records provided. Intolerance to oral medication is not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Gabapentin and cyclobenzaprine are not recommended by MTUS for topical use as cited above because of the absence of high-grade scientific evidence to support their effectiveness. The medical necessity of Cyclobenzaprine 10%, Gabapentin 5%, Lidocaine 5%, Capsaicin 0.025% (retrospective DOS 7/22/15) is not fully established for this patient.