

<b>Case Number:</b>	CM15-0185327		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	04/01/2010
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	08/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 60 year old female who sustained an industrial injury on 7-16-2015. A review of medical records indicates the injured worker is being treated for chronic pain other, cervical radiculitis, and indentation of spinal cord due to stenosis at C4-5, C5-6, and C6-7. Medical records dated 7-16-2015 noted neck pain, upper extremity pain in the right shoulder, arm and hand. There was also pain in the bilateral shoulders. Pain was rated a 6 out 10 with medications and an 8 out 10 without medications. Pain is reported as unchanged since the last visit. There was ongoing activity of daily living limitations in the following areas due to pain: self-care and hygiene, activity, ambulation, hand function, sleep, and sex. Medications were not documented. Physical examination noted spasm bilaterally in the trapezius muscles and C3-6 bilaterally in the paraspinal muscles. Range of motion was limited due to pain. Cervical MRI dated 11-4-2011 revealed spinal canal stenosis. Treatment has included medications and acupuncture. Acupuncture has improved pain and functional improvement. Utilization review form dated 8-27-2015 non-certified Lidocaine-Gabapentin 5%-10% and Flurbiprofen-Capsaicin 10%-0.025%.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine/Gabapentin 5%/10% 60gm #1:** 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

**Decision rationale:** MTUS and ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of anti-depressants and anti-convulsants have failed." The medical documents do not indicate failure of anti-depressants or anti-convulsants. MTUS states, "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." ODG also states that topical lidocaine is appropriate in usage as patch under certain criteria, but that "no other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." MTUS states regarding lidocaine, "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)." MTUS indicates lidocaine "Non-neuropathic pain: Not recommended." The medical records do not indicate failure of first-line therapy for neuropathic pain and lidocaine is also not indicated for non-neuropathic pain. ODG states regarding lidocaine topical patch, "This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia". Medical documents do not document the patient as having post-herpetic neuralgia. MTUS states that topical Gabapentin is "Not recommended." And further clarifies, "Antiepilepsy drugs: There is no evidence for use of any other antiepilepsy drug as a topical product." Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. As such, the request for Lidocaine/Gabapentin 5%/10% 60gm #1 is not medically necessary.

**Flurbiprofen/Capsaicin 10%/0.025% 120gm #1: 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): Cannabinoids, Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

**Decision rationale:** MTUS and ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of anti-depressants and anti-convulsants have failed." The medical documents do not indicate failure of anti-depressants or anti-convulsants. MTUS states, "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." MTUS states that the only FDA-approved NSAID medication for topical use includes Diclofenac, which is indicated for relief of osteoarthritis pain in joints. Flurbiprofen would not be indicated for topical use in this case. MTUS recommends topical capsaicin "only as an option in patients who have not responded or are intolerant to other treatments." There is no indication that the patient has failed oral medication or is intolerant to other treatments. Additionally, ODG states "Topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances causes serious burns, a new alert from the FDA warns." Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. As such, the request for Flurbiprofen/Capsaicin 10%/0.025% 120gm #1 is not medically necessary.