

<b>Case Number:</b>	CM15-0185675		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	01/01/2013
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	09/14/2015
<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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 56 year old female who sustained an industrial injury on 1-1-13. The injured worker reported pain in the neck, right shoulder and low back. A review of the medical records indicates that the injured worker is undergoing treatments for depressive disorder, chronic myoligamentous strain of the cervical spine, stiff shoulder syndrome, and chronic myoligamentous strain of the lumbar spine and chronic strain-sprain of left ankle. Provider documentation dated 7-15-15 noted the work status as "may return to modified work". Treatment has included Prozac since at least February of 2015, Xanax since at least February of 2015, Sonata since at least June of 2015, Tramadol, since at least December of 2013, Fexmid since at least December of 2013, status post fusion, injection therapy, physical therapy, Psychological treatment, and magnetic resonance imaging. Objective findings dated 7-15-15 were notable for tenderness and spasm to right cervical paravertebral muscles and trapezius with limited range of motion. The original utilization review (9-14-15) partially/approved/denied a request for Gabapen-Lido.TPG #10, 10%, 2% gel #60 and Naproxen-Lidocaine-Menthol in Lipo 15%, 2%, #5 CRM #120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapen/Lido.TPG #10, 10%, 2% gel #60: 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:** The claimant sustained a work injury while employed as a flight attendant and stopped working in January 2013 and is being treated for chronic low back pain and secondary psychological sequela. She has a history of an anterior cervical decompression and fusion and multilevel lumbar fusion with subsequent hardware removal. When seen, she was having constant neck pain and there was crunching with movement. She had low back pain with stiffness and right lower extremity radiating symptoms with tingling and numbness. Physical examination findings included decreased right shoulder range of motion. There was right cervical and trapezius muscle tenderness with spasms and slightly limited cervical range of motion. Oral medications include Naproxen and Tizanidine. Topical compounded medications are being requested. Oral Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Its use as a topical product is not recommended. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it would be difficult or impossible to determine whether any derived benefit was due to a particular component. In this case, there are other single component topical treatments with generic availability that could be considered. This medication is not medically necessary.

**Naproxen/Lidocaine/Menthol in Lipo 15%, 2%, #5 CRM #120:** 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:** The claimant sustained a work injury while employed as a flight attendant and stopped working in January 2013 and is being treated for chronic low back pain and secondary psychological sequela. She has a history of an anterior cervical decompression and fusion and multilevel lumbar fusion with subsequent hardware removal. When seen, she was having constant neck pain and there was crunching with movement. She had low back pain with stiffness and right lower extremity radiating symptoms with tingling and numbness. Physical examination findings included decreased right shoulder range of motion. There was right cervical and trapezius muscle tenderness with spasms and slightly limited cervical range of motion. Oral medications include Naproxen and Tizanidine. Topical compounded medications are being requested. Compounded topical preparations of naproxen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as diclofenac. In this case, there is no evidence that the claimant has failed a trial of topical diclofenac. Additionally, oral naproxen is being prescribed which is duplicative. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it would be difficult or impossible to

determine whether any derived benefit was due to a particular component. In this case, there are other single component topical treatments with generic availability that could be considered. The requested medication is not medically necessary.