

<b>Case Number:</b>	CM15-0187873		
<b>Date Assigned:</b>	09/29/2015	<b>Date of Injury:</b>	02/08/2005
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	09/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2015

### 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: Preventive Medicine, Occupational 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 43-year-old male, who sustained an industrial injury on 02-08-2005. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for cervical spine discopathy, lumbar radiculopathy, gastritis, and depression. Medical records (04-30-2015 to 08-19-2015) indicate ongoing neck and low back pain, tenderness and spasms with radiating pain into both arms. Pain levels varied from 4 out of 10 on a visual analog scale (VAS) to 9 out of 10. The records also indicate ongoing issues with stomach upset, nausea and vomiting with oral pain medications. Records also indicate no changes in activity levels or level of function. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 08-19-2015, revealed mild torticollis, positive head compression test, exquisite tenderness and muscle spasms at rest and with range of motion (ROM) of the cervical spine, pain with scapular retraction, swelling and inflammation of the levator scapula, restricted ROM of the cervical spine, diminished bicep reflexes, diminished sensation to the dorsum of the hand, slight flattening of the lumbar lordosis, tenderness to palpation of the lumbar paraspinal musculature bilaterally, mid-line lumbar tenderness, and restricted ROM in the lumbar spine. Relevant treatments have included: surgical fusion with hardware, hardware removal, physical therapy (PT), chiropractic treatments, electrical stimulation, hydrotherapy, work restrictions, and oral pain medications. The PR and request for authorization (08-19-2015) shows that the following medication and therapy were requested: compound flurbiprofen 20%, baclofen 2%, cyclobenzaprine 2%, gabapentin 6%, lidocaine 5% 180gms, and 8 sessions of acupuncture for the cervical spine. The original utilization review (09-10-2015) non-certified the requests for compound flurbiprofen 20%, baclofen 2%, cyclobenzaprine 2%, gabapentin 6%, lidocaine 5% 180gms, and 8 sessions of acupuncture for the cervical spine.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound Flurbiprofen 20%, Baclofen 2%, Cyclobenzaprine 2%, Gabapentin 6%, Lidocaine 5% 180gms:** 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 MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Topical NSAIDs have been shown to be superior to placebo for 4-12 weeks for osteoarthritis of the knee. Topical flurbiprofen is not an FDA approved formulation. The MTUS Guidelines state that there is no evidence for use of muscle relaxants, such as cyclobenzaprine or baclofen, as a topical product. The MTUS Guidelines do not recommend the use of topical gabapentin as there is no peer-reviewed literature to support use. Topical lidocaine is used primarily for neuropathic pain when trials of antidepressant and anticonvulsants have failed. The FDA for neuropathic pain has designated topical lidocaine, in the formulation of a dermal patch (Lidoderm) for orphan status. 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. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. As at least one of the medications in the requested compounded medication is not recommended by the guidelines, the request for compound Flurbiprofen 20%, Baclofen 2%, Cyclobenzaprine 2%, Gabapentin 6%, Lidocaine 5% 180gms is determined to not be medically necessary.

**Acupuncture therapy for the cervical spine 2 x 4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** The MTUS Guidelines recommend the use of acupuncture in the treatment of chronic pain. An initial three to six treatments at a frequency of one to three times per week is sufficient to produce functional improvements. If functional improvement results from the use of acupuncture treatments, then they may be extended. The optimum duration of acupuncture treatments is one to two months. In this case, the injured worker has participated in 16 prior sessions of acupuncture therapy without objective documentation of pain relief or functional improvement, therefore, the request for acupuncture therapy for the cervical spine 2 x 4 is determined to not be medically necessary.

