

<b>Case Number:</b>	CM15-0189228		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	09/05/2014
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	09/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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 30 year old male with an industrial injury date of 09-05-2014. Medical record review indicates he is being treated for lumbar muscle spasm, lumbar radiculopathy and lumbar sprain-strain. Subjective complaints (08-17-2015) included "frequent" low back pain with pain radiating into the bilateral lower extremity. The pain is described as accompanied with numbness, weakness, tingling and burning sensation. The injured worker rated the low back pain as 6 out of 10. Work status is documented as "modified duty" with "no lifting 10 pounds." Current medications are documented as "over the counter pain medications." Prior medications included Flexeril, Tramadol and Naprosyn. Prior diagnostics included lumbar spine x-ray (09-06-2014) documented by the treating physician as "normal examination." Prior treatments are document as lumbar support, physical therapy and home exercise program. Physical findings (08-17-2015) revealed motor strength as 5- out of 5 bilaterally in lower extremities. Deep tendon reflexes were documented as normal and equal bilaterally at 2 out of 2. Lumbar spine range of motion was decreased with tenderness to palpation of the lumbar paravertebral muscles. Straight leg raise was positive on the left. The treating physician documented: "Topical medications were prescribed in order to minimize possible neurovascular complications and to avoid complications associated with the use of narcotic medications, as well as upper gastrointestinal bleeding from the use of non-steroidal anti-inflammatory medications." The treating physician indicated the injured worker was "complaint" in regards to medication consumption. Review of pain contract is also documented. Electromyography and Nerve conduction studies of bilateral lower extremities were requested "due to deteriorating neurologic conditions." On 09-30-2015

utilization review non-certified the treatments listed below: HPC1 in cream base, 240 gm (Amitriptyline, Gabapentin and Bupivacaine) HMPHCC2 in cream base (Fluribrofen, Baclofen, Dexamethasone and Capsaicin) EMG (Electromyography)/NCV (Nerve Conduction Velocity) bilateral lower extremities.

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

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

**HMPHCC2 in cream base (Fluribrofen, Baclofen, Dexamethasone and Capsaicin): 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:** 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 Baclofen are not recommended due to lack of evidence. Fluribrofen 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. In this case, the claimant does not have arthritis and long-term use is not indicated. There are diminishing effects after 2 weeks. In this case, the claimant was prescribed multiple topicals, which is not indicated. In addition, the topicals were used to avoid side effects of oral NSAIDs. Topical NSAIDs can reach systemic levels similar to oral NSAIDs. Since the compound above contains these topical medications, the Fluribrofen, Baclofen, Dexamethasone and Capsaicin is not medically necessary.

**HPC1 in cream base, 240gm ( Amitriptyline, Gabapentin and Bupivacaine): 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:** 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 this case,

the claimant was prescribed multiple topicals which is not indicated. Since the compound above contains these topical medications, the compound in question is not medically necessary.

**EMG (Electromyelography)/ NCV (Nerve Conduction Velocity) bilateral lower extremities:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s):  
Summary.

**Decision rationale:** According to the guidelines, an EMG is recommended to clarify nerve root dysfunction in cases of suspected disk herniation preoperatively or before epidural injection. It is not recommended for the diagnoses of nerve root involvement if history and physical exam, and imaging are consistent. An NCV is not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. In this case, there was a positive straight leg raise findings consistent with complaints of numbness and weakness in the lower extremities. The request for the EMG was not intended for pre or postoperative evaluation. The request for the studies is not medically necessary.