

<b>Case Number:</b>	CM15-0193428		
<b>Date Assigned:</b>	10/08/2015	<b>Date of Injury:</b>	03/29/2004
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	09/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2015

### 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: New Jersey

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 61 year old male, who sustained an industrial injury on 3-29-04. The documentation on 9-4-15 noted that the injured worker has complaints of low back pain with radiculopathy down the right lower extremity. The documentation noted that the injured worker was requested to go see a pain consultation; however the injured worker did not go and was very adamant about not wanting to go when discussed at the 9-4-15 visit. The documentation noted that the injured worker physical examination is unchanged from his last visit on 7-14-14. The injured workers visual analog scale is 8 out of 10 without medications and does go down to 4 out of 10. The documentation noted that the injured workers last blood test was done in June, which showed that his liver and kidney functions were within normal limits. The documentation on 7-14-14 noted that the physical examination shows that the injured worker has forward flexion of about 25 degrees with pain in the midline of the low back, a little bit to the right and he is able to extend about 10 degrees. The muscles are guarded and tender to palpation in the lumbosacral region even with mild palpation. In the thoracic spine area, there is an increased kyphotic curve on the right side extending up into the trapezial area and the muscles are very guarded. There is myofascial discomfort and some triggering there that is consistent with myofascial pain point and trigger points of discomfort. The injured worker previously had diagnostic studies that showed he had right-sided radiculopathy related to an L4-5 dermatomal pattern that is still present on 7-14-14 exam and he has straight leg raise on the right side. The diagnoses have included sprain of lumbar; chronic low back pain with right-sided radiculopathy; L2 through L5 disc protrusion with radiculopathy down the right lower extremity with annular tear noted;

chronic thoracic back strain and sprain with myofascial pain; chronic right-handed grip strength weakness, which is from epicondylitis, which is stable and gastritis. Treatment to date has included Gabapentin; Tramadol; Omeprazole to protect his gastrointestinal tract; Terocin patches and transdermal creams. Magnetic resonance imaging (MRI) on 8-29-14 showed that the injured worker had from levels L2 through L5, has multiple levels of disc protrusions with slight effacement and it does press on the thecal sac and there is a high signal of irritation that appears to be on some of the other images; there is a tear of the annulus on L2-L3 and there is also a thecal sac effacement on L3-L4 with 2.5 disc protrusions effacing the thecal sac there as well and L4-L5 additionally a disc protrusion is noted, which is wide towards the right side, which is the area of most of his symptoms and it does efface the thecal sac and it is right paracentral disc protrusion, which is consistent probably more of a herniated disc presentation. The original utilization review (9-14-15) non-certified the request for Flurbiprofen 20%, Baclofen 10%, Dexamethasone 2%, Panthenol 0.5% in cream base 210gms and Amitriptyline 10%, Gabapentin 10%, Bupivacaine 5% in cream base 210gms.

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

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

**Flurbiprofen 20% Baclofen 10% Dexamethasone 2% Panthenol 0.5% in cream base 210gms: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. Topical NSAIDs, specifically, have some data to suggest it is helpful for osteoarthritis and tendinitis for at least short periods of time, but there are no long-term studies to help us know if they are appropriate for treating chronic musculoskeletal pain. Topical NSAIDs have not been evaluated for the treatment of the spine, hip, or shoulder. Although some topical analgesics may be appropriate for trial as a secondary agent for neuropathic pain after trials of oral therapies have been exhausted, topical NSAIDs are not recommended for neuropathic pain. The only FDA-approved topical NSAID currently is Voltaren gel (Diclofenac). Baclofen and other muscle relaxants are not recommended by the MTUS Guidelines for topical use due to lack of supportive data for use in chronic pain. Any combination product which contains an ingredient which is not recommended will be considered non-recommended in its entirety. In this case, the worker was prescribed a combination product (Flurbiprofen/Baclofen /Dexamethasone/ Panthenol). However, at least one ingredient (Baclofen) can be argued as medically unnecessary and not justified, so this request for this topical analgesic product will be considered not medically necessary.

**Amitriptyline 10% Gabapentin 10% Bupivacaine 5% in cream base 210gms: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. Gabapentin and other anti-epileptics are not recommended by the MTUS Guidelines for topical use due to lack of supportive data for use in chronic pain. Any combination product which contains an ingredient which is not recommended will be considered non-recommended in its entirety. In this case, the worker was prescribed a combination product Amitriptyline/Gabapentin /Bupivacaine). However, at least one ingredient (Gabapentin) can be argued as medically unnecessary and not justified, so this request for this topical analgesic product will be considered not medically necessary.