

<b>Case Number:</b>	CM15-0193430		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	07/09/2003
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/18/2015
<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: California, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 60 year old with a date of injury on 07-09-2003. The injured worker is undergoing treatment for chronic pain, cervical radiculopathy, lumbar radiculopathy; status post lumbar fusion on 10-31-2012, headaches, cervicgia, lactogenic opioid dependency, obesity, and status post revision left total knee replacement. A physician progress note dated 08-20-2015 documents the injured worker is doing well status post revision of the left knee and primary right total knee arthroscopy. She has continued cervical and lumbar symptoms. She has cervical and lumbar spasm, pain, and discomfort. She rates her neck pain as 6-8 out of 10 and it is achy. Her back pain is rated 6-8 out of 10, and her knee pain is rated 4-6 out of 10, and it is achy and pain depends on her activities. She has a stabbing pain in her left shoulder that is rated 6 out of 10. She has a stabbing pain in her hips, which she rates as 6-7 out of 10. She has stabbing pain in her head that she rates as 6 out of 10. Her wrists pain is rated 6 out of 10. She is currently taking tramadol gabapentin, Flexeril and omeprazole. She has painful cervical extension and head compression sign is mildly positive. She has extreme tightness in the levator scapula musculature. She has a knot of muscle in a trigger area along the medial trapezius and at the levator scapula of the shoulder blades. Shoulder retraction produces discomfort. Manual traction does provide a slight amount of relief. Shoulder abduction and extension are limited. Lumbar range of motion is restricted, and there is tenderness in the paraspinous musculature of the lumbar region bilaterally. Midline tenderness is noted in the lumbar region. Sensation testing with a pinwheel is slightly abnormal. Treatment to date has included diagnostic studies, medications, corticosteroid injections, physical therapy, home exercises, and status post left

total knee revision. Current medications include vitamin D, tramadol, oxycodone, omeprazole, Flexeril, gabapentin, cyclobenzaprine, Senexon S, and Celexa. On 03-09-2015, a magnetic resonance imaging of the cervical spine showed multiple areas of disc desiccation with endplate degenerative changes. At C4-C5 there is a 3mm midline disc protrusion with a mild degree of central canal narrowing. At C5-C6 and C6-C7 there are biforaminal disc osteophyte complexes resulting in abutment of the exiting cervical nerve roots bilaterally. On 04-27-2015, a lumbar magnetic resonance imaging revealed multilevel disc protrusions with abutment of descending L4 nerve root, L5 nerve root, and L2 nerve root. The treatment plan includes 8 additional sessions of aquatic therapy, 8 sessions of acupuncture, as well as flurbiprofen 10% diclofenac 10% gabapentin 10% lidocaine 5% cream. She received an epidural cervical steroid injection and reported good 50-80% overall improvement, that lasted 7 weeks. She received a vitamin B12 injection with this visit. On 09-18-2015, Utilization Review non-certified the request for flurbiprofen 10% diclofenac 10% gabapentin 10% lidocaine 5% cream.

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

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

**Flurbiprofen 10% Diclofenac 10% Gabapentin 10% Lidocaine 5% cream: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), Topical Analgesics.

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

**Decision rationale:** The CA MTUS guidelines on topical analgesics describe topical treatment as an option; however, topicals are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily used for neuropathic pain when first-line agents, such as antidepressants and anticonvulsants, have failed. However, gabapentin and lidocaine specifically are not recommended as a topical ingredient by the MTUS, and as the guidelines state, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request for flurbiprofen 10% diclofenac 10% gabapentin 10% lidocaine 5% cream is not medically necessary and appropriate.