

<b>Case Number:</b>	CM15-0202605		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	09/17/2007
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	09/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2015

### 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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 57 year old male, who sustained an industrial injury on September 17, 2007. The injured worker was diagnosed as having displacement of the intervertebral disc with site unspecified without myelopathy, thoracic and lumbosacral spine neuritis and radiculitis unspecified, other and unspecified disc disorder of the cervical region, unspecified myalgia and myositis, and primary localized osteoarthritis of the shoulder region. Treatment and diagnostic studies to date has included laboratory studies, status post bilateral facet joint injections, electromyogram with nerve conduction study, magnetic resonance imaging of the lumbar spine, magnetic resonance imaging of the cervical spine, trigger point injections to the right shoulder regions, and use of a right foot drop brace. In a progress note dated August 18, 2015 the treating physician reports complaints of aching, dull, burning, and sharp pain to the cervical spine with radiculopathy to the bilateral shoulders and hands along with pain to the upper and lower back with radiculopathy to the lower extremities. Examination performed on August 18, 2015 was revealing for positive straight leg raises to the bilateral lower extremity, muscles spasms at lumbar four to five, and bilateral and midline tenderness to the lumbar spine. The injured worker's medication regimen on August 18, 2015 included Prozac (since at least February of 2015), Ativan (since at least February of 2015), Protonix (since at least February of 2015), Cyclobenzaprine (start date unknown), Gabapentin (Neurontin) (since at least February of 2015), Tramadol (Ultram ER) (since at least February of 2015), Cele-Lyri-Lido rub (start date unknown), and Tram-Baclo rub (start date unknown). The injured worker's pain level on August 18, 2015 was rated a 6 on a scale of 0 to 10 with the use of his medication regimen and the pain

level was rated an 8 on a scale of 0 to 10 without the use of her medication regimen. The progress note from August 18, 2015 did not indicate if the injured worker experienced any functional improvement with use of his medication regimen. On August 18, 2015 the treating physician requested Tram-Baclo rub, Tramadol-Baclofen cream, and Cele-Lyri-Lido rub noting current use of these medications. On September 25, 2015 the Utilization Review determined the requests for Tram-Baclo rub, Tramadol-Baclofen cream, and Cele-Lyri-Lido rub to be non-approved.

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

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

**Tram/Baclo rub:** Upheld

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

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

**Decision rationale:** Regarding the request for Tram/Baclo rub, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Muscle relaxants drugs are not supported by the CA MTUS for topical use. Tramadol is not supported in topical form. Within the documentation available for review, none of the abovementioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient, despite guideline recommendations. In light of the above issues, the currently requested Tram/Baclo rub is not medically necessary.

**Tramadol-Baclofen cream:** Upheld

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

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

**Decision rationale:** Regarding the request for Tramadol-Baclofen cream, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Muscle relaxants drugs are not supported by the CA MTUS for topical use. Tramadol is not supported in topical form. Within the documentation available for review, none of the abovementioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient, despite guideline recommendations. In light of the above issues, the currently requested Tramadol-Baclofen cream is not medically necessary.

**Cele/Lyri/Lido rub:** Upheld

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

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

**Decision rationale:** Regarding the request for Cele/Lyri/Lido rub, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Topical NSAIDs are indicated for "Osteoarthritis and tendonitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Topical lidocaine is "Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)." Additionally, it is supported only as a dermal patch. Regarding topical Lyrica, Chronic Pain Medical Treatment Guidelines state that topical anti-epileptic medications are not recommended. They go on to state that there is no peer-reviewed literature to support their use. Within the documentation available for review, none of the abovementioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient, despite guideline recommendations. In light of the above issues, the currently requested Cele/Lyri/Lido rub is not medically necessary.