

Case Number:	CM15-0203221		
Date Assigned:	10/19/2015	Date of Injury:	01/07/2015
Decision Date:	12/04/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/15/2015

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 York

Certification(s)/Specialty: Anesthesiology

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 35 year old female, who sustained an industrial injury on 1-7-2015. The injured worker is undergoing treatment for: lumbar disc displacement without myelopathy, cruciate ligament sprain of the left knee, cervical sprain and strain, thoracic sprain and strain, bilateral hip sprain and strain, and abdominal strain. On 7-6-15, and 8-10-15, she reported pain to the lumbar spine with radiation into the left thigh, cervical spine with radiation into her head with headaches, bilateral hips with radiation down the legs, left knee, abdomen, and thoracic spine. Objective findings revealed spasm and tenderness in the neck, positive distraction test and shoulder depression test bilaterally, tenderness and spasm in the thoracic spine, wearing a back support, ambulation with cane, lumbar spine trigger point and positive kemp's bilaterally, positive yeoman's bilaterally, iliac compression positive bilaterally, and decreased right Achilles reflex. The abdomen is noted to have tenderness in the bilateral lower quadrants, negative valsalva's. There was also notation of spasm and tenderness in the bilateral hip area, positive fabere's bilaterally, and spasm and tenderness in the left knee with positive left side PA drawer test, and mcmurray's positive on the left. On 8-20-15, she reported back pain with numbness and tingling radiating down the left thigh to down to the foot. Physical examination noted her abdomen as soft and non-tender, ambulates heels and toes walk without assistance, spasm and tenderness in the low back, positive straight leg raise and lasegue's testing on the left. The treatment and diagnostic testing to date has included: at least 5 completed acupuncture sessions, home exercises, at least 18 physical therapy sessions completed, magnetic resonance imaging of the left knee (8-21-15), magnetic resonance imaging of the lumbar spine (4-30-15). Medications have included: Motrin, Omeprazole, Norco, Naproxen, and Cymbalta. The records indicate Cymbalta as being started on 8-20-15 for mild depression. The records indicate she has been utilizing Ibuprofen since at least

March 2015, possibly longer. Current work status: temporarily totally disabled. The request for authorization is for: Lidocaine 6 percent, Gabapentin 10 percent, Ketoprofen 10 percent, 2 times a day, 180 grams with 2 refills; Flurbiprofen 15 percent, Cyclobenzaprine 2 percent, Baclofen 2 percent, Lidocaine 5 percent, 2 times a day, 180 grams with 2 refills; Ibuprofen 800mg one tablet by mouth twice a day, quantity 60; Cymbalta 20mg one tablet by mouth twice a day, quantity 60. The UR dated 10-5-2015: non-certified the requests for Lidocaine 6 percent, Gabapentin 10 percent, Ketoprofen 10 percent, 2 times a day, 180 grams with 2 refills; Flurbiprofen 15 percent, Cyclobenzaprine 2 percent, Baclofen 2 percent, Lidocaine 5 percent, 2 times a day, 180 grams with 2 refills; Ibuprofen 800mg one tablet by mouth twice a day, quantity 60; Cymbalta 20mg one tablet by mouth twice a day, quantity 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 6%, Gabapentin 10%, Ketoprofen 10%, 2 times a day 180gm with 2 refills:
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: According to the California MTUS Guidelines, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, local anesthetics or antidepressants. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. This medication contains Lidocaine 6%, Gabapentin 10%, and Ketoprofen 10%. The guidelines state that topical lidocaine, only in the form of the Lidoderm patch, is indicated for neuropathic pain. Topical lidocaine other than Lidoderm is not recommended per the MTUS. Ketoprofen is a non-steroidal anti-inflammatory drug (NSAID). The MTUS indicates that topical NSAIDs may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Ketoprofen is not FDA approved for topical application. Non-FDA approved medications are not medically necessary. The only FDA-approved topical NSAIDs are Diclofenac formulations. All other topical NSAIDs are not FDA approved. Topical Gabapentin is not recommended by the MTUS guidelines. Medical necessity for the requested topical analgesic has not been established. The requested topical analgesic is not medically necessary.

Flurbiprofen 15%, Cyclobenzaprine 2%, Baclofen 2%, Lidocaine 5%, 2 times a day 180gm, with 2 refills: 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: According to the California MTUS Guidelines (2009), topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, local anesthetics or antidepressants. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The topical analgesic contains Flurbiprofen 15%, Cyclobenzaprine 2%, Baclofen 2%, and Lidocaine 5%. Flurbiprofen, used as a topical NSAID, has been shown in a meta-analysis to be superior to placebo during the first two weeks of treatment for osteoarthritis but either not afterward, or with diminishing effect, over another two-week period. There are no clinical studies to support the safety or effectiveness of Flurbiprofen in a topical delivery system (excluding ophthalmic). Cyclobenzaprine and Baclofen are not recommended for topical applications. Topical lidocaine other than Lidoderm is not recommended per the MTUS. Medical necessity for the requested topical analgesic has not been established. The requested topical analgesic is not medically necessary.

Ibuprofen 800mg, 1 tablet, by mouth twice a day #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) NSAIDs.

Decision rationale: Motrin (Ibuprofen) is a non-steroidal anti-inflammatory drug (NSAID). Oral NSAIDs are recommended for the treatment of chronic pain and control of inflammation as a second-line therapy after acetaminophen. The ODG states that NSAIDs are recommended for acute pain, osteoarthritis, and acute exacerbations of chronic pain. There is no evidence of long-term effectiveness for pain or function. There is inconsistent evidence for the use of NSAIDs to treat long-term neuropathic pain. Guidelines recommended that the lowest effective dose be used for the shortest duration of time consistent with treatment goals. In this case, the patient has been on previous long-term NSAIDs without any documentation of significant improvement. Medical necessity of the requested medication, Motrin 800mg, has not been established. The request for this medication is not medically necessary.

Cymbalta 20mg, 1 tablet by mouth twice a day #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain, SNRIs (serotonin noradrenaline reuptake inhibitors).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

Decision rationale: According to the California MTUS Guidelines, antidepressants are indicated for the treatment of chronic musculoskeletal pain. They are recommended as a first-line option for neuropathic pain, and as a possibility for non-neuropathic pain. Cymbalta (Duloxetine) is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRI). It has FDA approval for

treatment of depression, generalized anxiety disorder, and for the treatment of pain related to diabetic neuropathy, with effect found to be significant by the end of week 1 (effect measured as a 30% reduction in baseline pain). In this case, there is no documentation of objective functional benefit with prior medication use. The medical necessity for Cymbalta has not been established. The requested medication is not medically necessary.