

<b>Case Number:</b>	CM15-0205703		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	05/04/2015
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	10/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 5-4-2015. He reported a low back injury from lifting activity. Diagnoses include lumbago, lumbar discopathy. Treatments to date include activity modification, physical therapy, chiropractic therapy, and anti-inflammatory. On 9-8-15, he complained of ongoing low back pain noted to be worsening with radiation to left lower extremity and associated with numbness. The physical examination documented lumbar tenderness, guarded decreased range of motion, and a positive seated nerve root test. The record documented that medications improve activities of daily life and decrease symptoms; however, the records submitted for this review did not document the current or previously prescribed medication(s). There was no documentation submitted regarding intolerance to oral medication or a failed medication trial. The plan of care included ongoing medication therapy. The appeal requested authorization for Flurbiprofen 10%-Capsaicin 0.025%, 120 grams and Lidocaine 5%-Gabapentin 10%, 60 grams. The Utilization Review dated 10-12-15, denied the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 10%/Capsaicin 0.025% 120 grams QTY 1.00: 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:** The MTUS Guidelines are very specific with the recommendations that only FDA/Guideline approved topical agents be utilized and any compound including a non-supported agent is also not recommended. The Guidelines do not support the use of topical Flurbiprofen as it is not FDA approved for this use and there is no Guideline supported rationale to combine and compound it over the counter Capsaicin. If a topical NSAID is indicated, there are FDA approved options. There are no unusual circumstances to justify an exception to Guidelines. The Flurbiprofen 10%/Capsaicin 0.025% 120 grams QTY 1.00 is not supported by Guidelines and is not medically necessary.

**Lidocaine 5%/Gabapentin 10% 60 grams QTY 1.00: 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:** The MTUS Guidelines are very specific with the recommendations that only FDA/Guideline approved topical agents be utilized and any compound including a non-supported agent is also not recommended. The Guidelines specifically state that topical Gabapentin is not recommended and the use of Lidocaine in a cream or ointment formulation is not Guideline supported. The Lidocaine 5%/Gabapentin 10% 60 grams QTY 1.00 is not supported by Guidelines and is not medically necessary. There are no unusual circumstances to justify an exception to Guidelines.