

<b>Case Number:</b>	CM15-0022156		
<b>Date Assigned:</b>	02/11/2015	<b>Date of Injury:</b>	07/07/2014
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	01/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2015

### 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, Arizona  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 45-year-old male who reported an injury on 07/07/2014. The mechanism of injury was not provided. His diagnoses included lumbar disc displacement without myelopathy and sciatica. On 01/07/2015, the injured worker was seen for lumbar spine pain. The injured worker complained of constant moderate to severe pain that was described as throbbing. The pain was aggravated by twisting and sitting. The pain radiated down the hip and legs. Upon examination, there were 3+ spasms and tenderness to the bilateral lumbar paraspinal muscles from L1 to S1 and multifidus. The Kemp's test was positive bilaterally. The straight leg raise test was positive bilaterally. Yeoman's was positive bilaterally. Braggard's was negative. The right Achilles reflex was decreased. The plan noted that the injured worker had completed 4 sessions of acupuncture therapy and had shown significant functional improvement. The injured worker was prescribed the following in topical compounds: Lidoderm 6%, gabapentin 10%, ketoprofen 10%; and flurbiprofen 15%, cyclobenzaprine 2%, baclofen 2%, and lidocaine 5%. The Request for Authorization was not provided within the documentation submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prospective use of Lidocaine/Gabapentin/Ketoprofen 180gm with 2 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 111.

**Decision rationale:** The prospective use of lidocaine/gabapentin/ketoprofen 180 gm with 2 refills is not supported. The injured worker had a history of back pain. The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. Any compound that contains one drug or drug class that is not recommended is not recommended. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. No other commercially approved topical formulations of lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain. Topical lidocaine may be recommended for localized neuropathic pain after there has been evidence of a trial of first line therapy. There is no peer reviewed literature to support the use of gabapentin in topical form. There was no evidence to support the use of any muscle relaxant as a topical product. The request is not supported. As such, the request is not medically necessary.

**Prospective use of Flurbiprofen/Cyclobenzaprine/Baclofen/Lidocaine 180gm with 2 refills:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 111.

**Decision rationale:** The request prospective use of flurbiprofen/ cyclobenzaprine/ baclofen/ lidocaine 180 gm with 2 refills is not supported. The injured worker had a history of back pain. The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. Any compound that contains one drug or drug class that is not recommended is not recommended. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There was a lack of documentation to support of failed trials of antidepressants and anticonvulsant treatments. There was a lack of documentation of oral medications that are insufficient to relieve the pain symptoms. The topical NSAIDs have been shown to be superior to placebo during the first 2 weeks of treatment for osteoarthritis but their effect diminishes over another 2 week period. The guidelines do not recommend the topical use of cyclobenzaprine as a topical muscle relaxant as there is no evidence for use of any other muscle relaxant as a topical product. The addition of cyclobenzaprine to other agents is not recommended. There is no peer reviewed literature to support the use of baclofen. The guidelines indicate that topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first line therapy. No other commercially approved topical formulations of lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain. The request is not supported. As such, the request is not medically necessary.