

<b>Case Number:</b>	CM15-0025703		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	03/18/2011
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	02/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2015

### 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: Texas, Florida  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 51 year old woman sustained an industrial injury on 3/18/2011. The diagnoses are neck, shoulder and upper extremities pain. The 2012 MRI of the cervical spine showed degenerative disc disease. The EMG/NCV studies were reported as normal. The past surgery history is positive for shoulder arthroscopic surgery in 2014 and cervical spine injections. The oral medications listed are Norco, Ibuprofen and gabapentin. The closest physician notes are dated five months prior to the request and the topical medication in dispute was not yet mentioned in care. However, there is minimal documentation showing another topical "sports cream" that did show some benefit to the worker. On 2/4/2015, Utilization Review evaluated a prescription for Ketamine, Flurbiprofen, Baclofen, Cyclobenzaprine, Gabapentin, Lidocaine powders, and Mediderm base that were submitted on 2/10/2015. The UR physician noted that topical muscle relaxants are not recommended. Further, when one ingredient of a topical application is not recommended, that whole agent is not recommended. The MTUS, ACOEM Guidelines, (or ODG) was cited. The requests were denied and subsequently appealed to Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketamin HCL powder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 111-113.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that topical analgesic products can be utilized for the treatment of localized neuropathic pain when treatment with first line anticonvulsant and antidepressant medications have failed. The recommended second line medication is topical plain Lidocaine product. The records did not show that the patient was diagnosed with localized neuropathic pain such as CRPS. The diagnosis was musculoskeletal joints pain. The records did not show that the patient failed treatment with first line medications. The guidelines recommend that topical products be tried and evaluated individually for efficacy. The patient is also utilizing an NSAID and gabapentin in oral formulations increasing the risk of adverse medication effects. There is lack of guidelines support for the use of Ketamine in topical formulations for the treatment of musculoskeletal pain. The criteria for the use of Ketamine HCL powder was not met.

**Flurbiprofen powder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 68-71, 111-113.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that topical analgesic products can be utilized for the treatment of localized neuropathic pain when treatment with first line anticonvulsant and antidepressant medications have failed. The recommended second line medication is topical plain Lidocaine product. The records did not show that the patient was diagnosed with localized neuropathic pain such as CRPS. The diagnosis was musculoskeletal joints pain. The records did not show that the patient failed treatment with first line medications. The guidelines recommend that topical products be tried and evaluated individually for efficacy. The patient is also utilizing an NSAID and gabapentin in oral formulations increasing the risk of adverse medication effects. The criteria for the use of Flurbiprofen powder were not met.

**Baclofen powder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 111-113.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that topical analgesic products can be utilized for the treatment of localized neuropathic pain when treatment with first line anticonvulsant and antidepressant medications have failed. The recommended second line medication is topical plain Lidocaine product. The records did not show that the patient was diagnosed with localized neuropathic pain such as CRPS. The diagnosis was musculoskeletal joint pain. The records did not show that the patient failed treatment with first line medications. The guidelines recommend that topical products be tried and evaluated individually for efficacy. The patient is also utilizing gabapentin in oral formulation. There is lack of guidelines support for the use of Baclofen in topical formulations. The criteria for the use of Baclofen powder were not met.

**Cyclobenzaprine HCL powder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 65-66, 111-113.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that topical analgesic products can be utilized for the treatment of localized neuropathic pain when treatment with first line anticonvulsant and antidepressant medications have failed. The recommended second line medication is topical plain Lidocaine product. The records did not show that the patient was diagnosed with localized neuropathic pain such as CRPS. The diagnosis was musculoskeletal joint pain. The records did not show that the patient failed treatment with first line medications. The guidelines recommend that topical products be tried and evaluated individually for efficacy. There is lack of guidelines support for the use of cyclobenzaprine in topical formulations. The criteria for the use of cyclobenzaprine HCL powder were not met.

**Gabapentin powder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 16-22, 111-113.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that topical analgesic products can be utilized for the treatment of localized neuropathic pain when treatment with first line anticonvulsant and antidepressant medications have failed. The recommended second line medication is topical plain Lidocaine product. The records did not show that the patient was diagnosed with localized neuropathic pain such as CRPS. The diagnosis was musculoskeletal joint pain. The records did not show that the patient failed treatment with first line medications. The guidelines recommend that topical products be tried and evaluated individually for efficacy. The patient is also utilizing an NSAID and gabapentin in oral formulations increasing the risk of

adverse medication effects. There is lack of guidelines support for the use of gabapentin powder in topical formulations. The criteria for the use of gabapentin were not met.

**Lidocaine powder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 56-57, 112.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that topical analgesic products can be utilized for the treatment of localized neuropathic pain when treatment with first line anticonvulsant and antidepressant medications have failed. The recommended second line medication is topical plain Lidocaine product. The records did not show that the patient was diagnosed with localized neuropathic pain such as CRPS. The diagnosis was musculoskeletal joints pain. The records did not show that the patient failed treatment with first line medications. The guidelines recommend that topical products be tried and evaluated individually for efficacy. The patient is also utilizing gabapentin in oral formulation. There is lack of guidelines support for the use of Lidocaine when combined with multiple non recommended medications in topical formulations. The criteria for the use of Lidocaine powder were not met.

**Mediderm cream:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 111-113.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that topical analgesic products can be utilized for the treatment of localized neuropathic pain when treatment with first line anticonvulsant and antidepressant medications have failed. The recommended second line medication is topical plain Lidocaine product. The records did not show that the patient was diagnosed with localized neuropathic pain such as CRPS. The diagnosis was musculoskeletal joints pain. The records did not show that the patient failed treatment with first line medications. The guidelines recommend that topical products be tried and evaluated individually for efficacy. The patient is also utilizing an NSAID and gabapentin in oral formulations increasing the risk of adverse medication effects. There is lack of guidelines support for the use of multiple non recommended products in topical formulations with Mediderm. The criteria for the use of Mediderm cream were not met.