

<b>Case Number:</b>	CM15-0214251		
<b>Date Assigned:</b>	11/04/2015	<b>Date of Injury:</b>	01/14/2015
<b>Decision Date:</b>	12/24/2015	<b>UR Denial Date:</b>	10/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2015

### 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: 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 was a 35 year old male, who sustained an industrial injury, January 14, 2015. The injured worker was undergoing treatment for lumbar strain and or sprain and radiculopathy. According to progress note of September 17, 2015, the injured worker's chief complaint was lower back pain into the left knee. The objective findings were lumbar spine spasms. There was tenderness with palpation bilateral and Kemp's test bilateral. The straight left leg raises were positive in the hamstrings. The motor strength was 4 out of 5 hamstrings bilaterally. The sensation was decreased in the left lower extremity. The injured worker previously received the following treatments Pantoprazole, Diclofenac, Zolpidem, Tramadol, lumbar spine MRI on April 21, 2015 which was unremarkable. The RFA (request for authorization) dated October 23, 2015, the following treatments were requested compound creams Flurbiprofen 20%; Baclofen 10%; Dexamethasone Micro 0.2%; Hyaluronic Acid 0.2% in base cream and Amitriptyline HCL 10%; Gabapentin 10%; Bupivacaine HCL 5%; Hyaluronic Acid 0.2% in cream base. The UR (utilization review board) denied certification on September 29, 2015; for compound creams Flurbiprofen 20%; Baclofen 10%; Dexamethasone Micro 0.2%; Hyaluronic Acid 0.2% in base cream and Amitriptyline HCL 10%; Gabapentin 10%; Bupivacaine HCL 5%; Hyaluronic Acid 0.2% in cream base.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound cream: HMPC2 - Flurbiprofen 20%/Baclofen 10%/Dexamethasone micro 0.2%/Hyaluronic acid 0.2%: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Pain (Chronic); ODG-TWC, Low Back.

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

**Decision rationale:** The patient presents with low back pain radiating to bilateral knees. Patient states he has a difficult time maintaining sleep due to the pain in his lumbar spine. The request is for compound cream: HMPC2 - Flurbiprofen 20%/Baclofen 10%/Dexamethasone micro 0.2%/Hyaluronic ACID 0.2%. The request for authorization form is dated 09/23/15. MRI of the lumbar spine, 04/21/15, shows progression in large broad-based left subarticular-extraforaminal 5 mm disc protrusion, previously measuring 2-3 mm; severe narrowing and effacement of the left neural foramen is seen with impingement upon the exiting left L5 nerve roots. Patient's diagnoses include radiculopathy; lumbar strain/sprain. Physical examination of the lumbar spine reveals decreased range of motion with pain, positive straight leg raise, positive Kemp's test bilateral. Patient's medications include Pantoprazole, Diclofenac, Zolpidem, and Tramadol. Per disability status report dated 09/17/15, the patient is temporarily totally disabled. MTUS has the following regarding topical creams, Chronic Pain Section, p 111: Topical Analgesics: Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. Treater does not specifically discuss this medication. MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. In this case, the requested topical compound contains Baclofen, which is not supported for topical use. Additionally, the treater does not document or discuss this patient presenting with arthritis/tendinitis for which the Flurbiprofen component of this topical medication would be indicated. Therefore, the request is not medically necessary.

**Compound cream: HNPC1 - Amitriptyline HCL (hydrochloride) 10%/Gabapentin 10%/Bupivacaine HCL 5%/Hyalur: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Pain (Chronic); ODG-TWC, Low Back.

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

**Decision rationale:** The patient presents with low back pain radiating to bilateral knees. Patient states he has a difficult time maintaining sleep due to the pain in his lumbar spine. The request is for compound cream: HNPCI - Amitriptyline HCL (Hydrochloride) 10%/Gabapentin 10%/Bupivacaine HCL 5%/Hyaluronic acid 0.2%. The request for authorization form is dated 09/23/15. MRI of the lumbar spine, 04/21/15, shows progression in large broad-based left subarticular-extraforaminal 5 mm disc protrusion, previously measuring 2-3 mm; severe narrowing and effacement of the left neural foramen is seen with impingement upon the exiting left L5 nerve roots. Patient's diagnoses include radiculopathy; lumbar strain/sprain. Physical examination of the lumbar spine reveals decreased range of motion with pain, positive straight leg raise, positive Kemp's test bilateral. Patient's medications include Pantoprazole, Diclofenac, Zolpidem, and Tramadol. Per disability status report dated 09/17/15, the patient is temporarily totally disabled. MTUS has the following regarding topical creams, Chronic Pain Section, p 111: "Topical Analgesics: Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Treater does not specifically discuss this medication. MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. In this case, the requested topical compound contains Gabapentin, which is not supported for topical use. Therefore, the request is not medically necessary.