

<b>Case Number:</b>	CM15-0215979		
<b>Date Assigned:</b>	11/05/2015	<b>Date of Injury:</b>	06/19/2014
<b>Decision Date:</b>	12/22/2015	<b>UR Denial Date:</b>	10/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2015

### 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: Indiana, 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 58 year old female sustained an industrial injury on 6-19-2014. The injured worker was being treated for lumbar sprain and strain, paraspinal muscle spasm, bilateral sacroiliitis, and chronic pain. The injured worker (8-12-2015) reported bilateral buttock pain radiating to the bilateral thigh with progressive numbness and tingling severity. The treating physician noted the injured worker had bilateral sacroiliac joint inflammation with signs and symptoms of radiculitis-radiculopathy to the posterior and lateral aspect of the thighs. The injured worker reported 50% improvement following a right sacroiliac joint injection on 3-4-2015 and a left sacroiliac joint injection on 3-18-2015. The objective findings (8-12-2015) included positive Gaenslen's and Patrick Fabre tests and a severely positive sacroiliac joint thrust. The injured worker (9-23-2015) reported lower back pain, limited lumbar range of motion, severe muscle spasms, with pain radiating to the legs with associated numbness and tingling. The injured worker also reported worsening of bilateral buttock pain radiating to the bilateral thigh with progressive numbness and tingling severity. The physical exam (9-23-2015) revealed straightening of the lumbar lordosis, decreased lumbar range of motion, tenderness of the bilateral paravertebral muscles and bilateral sacroiliac joints, and low back pain through the arc of motion. The treating physician noted severe guarding to deep, palpation of the bilateral lower extremities, associated with severe myofascial pain that was produced on deep palpation of the lumbar paraspinal muscles. The treating physician noted pain over the spinous processes with guarding and pain to palpation with moderate to severe guarding over the bilateral lumbar paravertebral muscles. Treatment to date includes physical therapy, off work, epidural steroid

injections, sacroiliac joint injections, and meds including opioid pain, antiepilepsy, muscle relaxant, and topical pain (Flurbiprofen 25%-Dextromethorphan 10% in Lidoderm base since at least 8-2015 and Gabapentin 10%, Ketoprofen 10%, Tramadol 5% and Cyclobenzaprine 2% in Lipoderm base since at least 8-2015). On 9-23-2015, the requested treatments included Gabapentin 300mg, compound Flurbiprofen 25%-Dextromethorphan 10% in Lipoderm base, and compound Gabapentin 10%, Ketoprofen 10%, Tramadol 5% and Cyclobenzaprine 2% in Lipoderm base. On 10-13-2015, the original utilization review non-certified requests for Gabapentin 300mg, compound Flurbiprofen 25%-Dextromethorphan 10% in Lidoderm base, and compound Gabapentin 10%, Ketoprofen 10%, Tramadol 5% and Cyclobenzaprine 2% in Lidoderm base.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Gabapentin 300mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Anti-epilepsy drugs (AEDs) for pain, Gabapentin (Neurontin®).

**Decision rationale:** The MTUS considers Gabapentin as a first-line treatment for neuropathic pain and effective for the treatment of spinal cord injury, lumbar spinal stenosis, and post op pain. MTUS also recommends a trial of Gabapentin for complex regional pain syndrome. ODG states "Recommended Trial Period: One recommendation for an adequate trial with Gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. (Dworkin, 2003) The patient should be asked at each visit as to whether there has been a change in pain or function. Current consensus based treatment algorithms for diabetic neuropathy suggests that if inadequate control of pain is found, a switch to another first-line drug is recommended." Additionally, ODG states that Gabapentin "has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." Based on the clinical documentation provided, there is no evidence of neuropathic type pain or radicular pain on exam or subjectively. As such, without any evidence of neuropathic type pain, the medication is not medically necessary.

**Compound Flurbiprofen 25%, Dextromethorphan 10% in Lidoderm base 180gm:** 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain; Compound Creams.

**Decision rationale:** MTUS and ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS states regarding topical muscle relaxants, "Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Topical cyclobenzaprine is not indicated for this usage, per MTUS. Thus, the request is not medically necessary.

**Compound Gabapentin 10%, Ketoprofen 10%, Tramadol 5%, and Cyclobenzaprine 2% in Lidoderm base 180mg:** 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain; Compound Creams.

**Decision rationale:** MTUS and ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS states that the only FDA- approved NSAID medication for topical use includes diclofenac, which is indicated for relief of osteoarthritis pain in joints. Flurbiprofen would not be indicated for topical use in this case. Thus, the request is not medically necessary.