

<b>Case Number:</b>	CM15-0223624		
<b>Date Assigned:</b>	11/19/2015	<b>Date of Injury:</b>	08/06/2014
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	10/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 38-year-old male, who sustained an industrial-work injury on 8-6-14. The injured worker was diagnosed as having degenerative disease with broad based disc bulges, facet arthropathy L3-4, L4-5, and bilateral nerve recess impingement L5-S1 with radiculopathy. Treatment to date has included medication: topical creams, ESI (epidural steroid injection), nerve block, and diagnostics. Currently, the injured worker complains of continued low back pain. Topical creams work 'pretty good'. Per the primary physician's progress report (PR-2) on 10-8-15, exam noted tenderness to palpation on the right side along the S1 joint area, weakness in quadriceps extension as well as hamstring contraction on the right side than on the left. The drug screen was not valid at this time with resubmission. Gait was antalgic. Straight leg raise is positive on the right side at 40 degrees and left at 7 degrees, DTR (deep tendon reflexes) are 2+ out of 4, reduced sensation at L5 dermatome on the right. Current plan of care includes topical medication. NSAIDS were contraindicated due to history of colitis. The Request for Authorization requested service to include Flurbiprofen 20%, Baclofen 10%, Dexamethasone 2%, Pantenol 0.5% in cream base, 210 gm, apply thin layer 2-3 times daily and Amitriptyline 10%, Gabapentin 10%. Bupivacaine 5%, in cream base, Qty 210 gm, apply thin layer 2-3 times daily. The Utilization Review on 10-16-15, denied the request for Flurbiprofen 20%, Baclofen 10%, Dexamethasone 2%, Pantenol 0.5% in cream base, 210 gm, apply thin layer 2-3 times daily and Amitriptyline 10%, Gabapentin 10%. Bupivacaine 5%, in cream base, Qty 210 gm, apply thin layer 2-3 times daily.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 20%, Baclofen 10%, Dexamethasone 2%, Pantenol 0.5% in cream base, 210 gm, apply thin layer 2-3 times daily: 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:** This 38 year old male has complained of low back pain since date of injury 8/6/2014. He has been treated with epidural steroid injection, nerve block, physical therapy and medications. The current request is for Flurbiprofen 20%, Baclofen 10%, Dexamethasone 2%, Pantenol 0.5% in cream base, 210 gm, apply thin layer 2-3 times daily. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, Flurbiprofen 20%, Baclofen 10%, Dexamethasone 2%, Pantenol 0.5% in cream base, 210 gm, apply thin layer 2-3 times daily is not indicated as medically necessary.

**Amitripyline 10%, Gabapentin 10%. Bupivacaine 5%, in cream base, Qty 210 gm, apply thin layer 2-3 times daily: 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:** This 38 year old male has complained of low back pain since date of injury 8/6/2014. He has been treated with epidural steroid injection, nerve block, physical therapy and medications. The current request is for Amitripyline 10%, Gabapentin 10%. Bupivacaine 5%, in cream base, Qty 210 gm, apply thin layer 2-3 times daily. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, Amitripyline 10%, Gabapentin 10%, Bupivacaine 5%, in cream base, Qty 210 gm, apply thin layer 2-3 times daily is not indicated as medically necessary.