

<b>Case Number:</b>	CM15-0224027		
<b>Date Assigned:</b>	11/20/2015	<b>Date of Injury:</b>	02/22/2015
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	10/21/2015
<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: New Jersey

Certification(s)/Specialty: Family Practice

### 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 27-year-old male, who sustained an industrial injury on February 22, 2015. The injured worker was currently diagnosed as status post L4 through S1 microdiscectomy-laminectomy with neural decompression. Treatment to date has included diagnostic studies, surgery, aqua therapy with pain relief and medication. On August 18, 2015, the injured worker complained of intermittent to frequent pain in his low back that was aggravated by bending, lifting, twisting, pushing, pulling, prolonged sitting, prolonged standing and walking multiple blocks. There was persistent stiffness and limited motion. The pain was characterized as dull and throbbing at times associated with stiffness. His pain was reported to be improving with a rating of 3-4 on a pain scale of 1-10. He was noted to have complete resolution of the radicular symptoms and neurologic deficits that were present preoperatively. The treatment plan included physical therapy. A request was made for 120 grams of Flurbiprofen 10%, Capsaicin 0.025% patch refills of six and 120 grams Lidocaine 5%, Gabapentin 10% patch refills of 6. On October 21, 2015, utilization review denied a request for 120 grams of Flurbiprofen 10%, Capsaicin 0.025% patch refills of six and 120 grams Lidocaine 5%, Gabapentin 10% patch refills of 6.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **120 Grams of Flurbiprofen 10%, Capsaicin 0.025% patch refills of 6: 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): Capsaicin, topical, Topical Analgesics.

**Decision rationale:** The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. Topical NSAIDs, specifically, have some data to suggest it is helpful for osteoarthritis and tendinitis for at least short periods of time, but there are no long-term studies to help us know if they are appropriate for treating chronic musculoskeletal pain. Topical NSAIDs have not been evaluated for the treatment of the spine, hip, or shoulder. Although some topical analgesics may be appropriate for trial as a secondary agent for neuropathic pain after trials of oral therapies have been exhausted, topical NSAIDs are not recommended for neuropathic pain. The only FDA-approved topical NSAID currently is Voltaren gel (diclofenac). The MTUS Chronic Pain Guidelines state that topical capsaicin is recommended for chronic pain only as an option in patients who have not responded or are intolerant to other treatments. High doses of capsaicin is considered experimental, and any dose of capsaicin has only moderate to poor efficacy, according to the studies. Doses over 0.025% capsaicin have no studies to prove more benefit than lesser strengths. In order to justify continuation of topical capsaicin, there needs to be evidence of functional improvement as well as measurable pain reduction. In the case of this worker, this medication (flurbiprofen/capsaicin) was prescribed, however, no report was found on how effective this medication was at improving function. In addition, topical NSAIDs are not appropriate for the treatment of the spine as in this case, and flurbiprofen is not FDA approved for topical use. Therefore, this request will be considered medically unnecessary.

## **120 Grams Lidocaine 5%, Gabapentin 10% patch refills of 6: 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:** The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. Topical gabapentin is specifically listed by the Guidelines as being non-recommended due to its lack of supportive data for use in chronic pain treatment. Also, the MTUS Guidelines for Chronic Pain state that topical lidocaine is not a first-line therapy for chronic pain, but may be recommended for localized peripheral neuropathic pain after there has been evidence of a trial of first-line therapy (including tri-cyclic, SNRI anti-depressants, or an AED such as gabapentin or Lyrica). Topical lidocaine is not recommended for non-neuropathic pain as studies showed no superiority over placebo. In the case of this worker, there was record of gabapentin use as well as Lidoderm and other agents for the treatment of neuropathic pain. However, there was no record of having failed these medications, nor was there any recent physical findings or subjective complaints suggestive of neuropathic pain to warrant this compounded agent with lidocaine. Regardless, as it contains gabapentin (topical) which is not recommended for use, this request will be considered medically unnecessary.