

<b>Case Number:</b>	CM15-0030484		
<b>Date Assigned:</b>	02/26/2015	<b>Date of Injury:</b>	09/10/2004
<b>Decision Date:</b>	04/09/2015	<b>UR Denial Date:</b>	02/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2015

### 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 is a 59-year-old male, who sustained an industrial injury on September 10, 2004. The diagnoses have included back pain, lumbar facet arthropathy, lumbar degenerative disc disease, neck pain, chronic pain syndrome, muscle pain, numbness, shoulder bursitis, intervertebral disc disorder with myelopathy and low back pain. Treatment to date has included oral pain medications. Currently, the injured worker complains of low back and right shoulder pain. In a progress note dated December 16, 2014, the treating provider reports examination of the bilateral shoulder reveals decreased range of motion of the right shoulder with some pain with internal rotation, lumbar examination slight tenderness with palpation over the lumbar paraspinals and pain with lumbar flexion. On February 3, 2015 Utilization Review non-certified a Bupivac 1%, DMSO 4%, Doxepin 5%, Gaba 5%, Orphen 5%, Pentoxi 3% 120gm with 3 refills, apply 1-2gm three to four times a day, noting, Medical Treatment Utilization Schedule Guidelines was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bupivac 1%, DMSO 4%, Doxepin 5%, Gaba 5%, Orphen 5%, Pentoxi 3% 120gm with 3 refills, apply 1-2gm TID-QID: Upheld**

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

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

**Decision rationale:** The 59-year-old patient complains of low back pain and right shoulder pain, rated at 9/10 without medications and 4/10 with medication, as per progress report dated 12/16/14. The request is for Bupivac 1% DMSO, Dexepin 5%, Gaba 8%, Orphena 5%, Pentoxi 3% 120 gms with 3 refills, apply 1 - 2 gm tid - qid. There is no RFA for this case, and the patient's date of injury is 09/10/04. Medications, as per progress report dated 12/16/14, included Norco, Tramadol, Naproxen, Protonix, Lipitor and Terocin. Diagnoses included back pain, lumbar facet arthropathy, lumbar degenerative disc disease, neck pain, chronic pain syndrome, muscle pain, numbness, shoulder bursitis, intervertebral disc disease, and lower back pain. The patient's status has been determined as permanent and stationary. Regarding topical analgesics, MTUS guidelines on page 111, state that "Gabapentin: Not recommended. There is no peer-reviewed literature to support use." Lidocaine Indication: Neuropathic pain. Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica). 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. In this case, MTUS guidelines do not recommend use of Gabapentin. They do not support the use of Bupivacaine in any form other than a topical patch. MTUS Guidelines also provide clear discussion regarding topical compounded creams on pg 111. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. This request IS NOT medically necessary.