

<b>Case Number:</b>	CM15-0034601		
<b>Date Assigned:</b>	03/02/2015	<b>Date of Injury:</b>	09/12/2001
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	01/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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, Hawaii  
 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 66-year-old female who sustained an industrial related injury on 9/12/01. The injured worker had complaints of neck pain that radiated to the left shoulder, headaches, dizziness, loss of memory, and difficulty concentrating due to neck pain. Diagnoses included cervical degenerative disc disease, cervical spine multiple disc herniation/bulges, left cervical radiculopathy at C2-7, cervical spine sprain/strain syndrome, depression, and anxiety. The treating physician requested authorization for Propylene Glycol liquid/ Vanish-Pen cream/ Flurbiprofen powder 30g, Amitriptyline HCL powder 8g/ Lidocaine powder 4g/ Transdermal pain base cream, and Cyclobenzaprine powder 15g/ Gabapentin powder 15g/ Hydroxyethyl cellulose gel 101g. On 1/15/15, the requests were non-certified. The utilization review (UR) physician cited the Medical Treatment Utilization Schedule (MTUS) guidelines and noted the requested formulations contain ingredients not supported by the guidelines or evidence based medicine. Therefore, the requests were non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine powder 15gm, Gabapentine powder 15gm, Hydroxyethyl cellulose gel 101gm: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

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

**Decision rationale:** The patient presents with back pain. The current request is for Cyclobenzaprine power 15gm, Gabapentine powder 16gm, Hydroxyethyl cellulose gel 101gm. There is no treating physician report provided that discusses the current request. The following information is from the Peer Review Report, "The patient was diagnosed with cervical degenerative disc disease multiple disc herniation and bulges in the cervical spine, cervical spine radiculopathy in the left C2-3, C3-4, C4-5, C5-6, C6-7, cervical spine sprain and strain, and depression and anxiety." (A.11) The MTUS has the following regarding topical creams (p111, chronic pain section): "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." In this case, the current request includes Gabapentin, which is not supported by the MTUS Guidelines. The current request is not medically necessary and the recommendation is for denial.

**Propylene Glycol Liquid, Vanish-Pen Cream, Fluribiprofen powder 30gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Non Steroidal Anti Inflammatory drugs Page(s): 111-112.

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

**Decision rationale:** The patient presents with back pain. The current request is for Propylene Glycol Liquid, Vanish-Pen Cream, Fluribiprofen powder 30 gm. There is no treating physician report provided that discusses the current request. The following information is from the Peer Review Report, "The patient was diagnosed with cervical degenerative disc disease multiple disc herniation and bulges in the cervical spine, cervical spine radiculopathy in the left C2-3, C3-4, C4-5, C5-6, C6-7, cervical spine sprain and strain, and depression and anxiety." (A.13) The MTUS guidelines do not support the usage of Flurbiprofen 20% cream (NSAID) for the treatment of spine, hip, shoulder or neuropathic pain. NSAID topical analgesics are indicated for osteoarthritis and tendinitis of the knee and elbow or other joints that are amenable to topical treatment. In this case, patient presents with back pain. Flurbiprofen is not intended to treat the spine. The current request is not medically necessary and the recommendation is for denial.

**Amitriptyline Hydrochloride powder 8gm, Lidocaine powder 4 gm, Transdermal pain base cream:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Lidocaine Indication Page(s): 111-112.

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

**Decision rationale:** The patient presents with back pain. The current request is for Amitriptyline Hydrochloride powder 8gm, Lidocaine powder 4gm, Transdermal pain base cream. There is no treating physician report provided that discusses the current request. The following information is from the Peer Review Report, "The patient was diagnosed with cervical degenerative disc disease multiple disc herniation and bulges in the cervical spine, cervical spine radiculopathy in the left C2-3, C3-4, C4-5, C5-6, C6-7, cervical spine sprain and strain, and depression and anxiety." (A.13) The MTUS Guidelines page 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." Per MTUS guidelines, lidocaine is only allowed in a patch form and not allowed in a cream, lotion, or gel forms. The current request is not medically necessary and the recommendation is for denial.