

<b>Case Number:</b>	CM15-0037332		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	04/01/2014
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	02/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2015

### 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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 22-year-old female, who sustained an industrial injury on 4/01/2014. The diagnoses have included lumbar radiculopathy, multilevel disc protrusion with significant disc extrusion at L5-S1 and L2-L3, moderate to severe canal stenosis and left sided radiculitis. Treatment to date has included 24 sessions of physical therapy, magnetic resonance imaging (MRI), lumbar brace, cane and medications. Currently, the IW complains of worsening lumbar pain. The pain score was noted as 10/10 without medications and 4/10 with medications. Objective findings included an obese female in no acute distress. She is leaning to her right side secondary to pain with tenderness predominantly in the left SI joint. There is decreased sensory exam to the left lower extremity and a mixed nerve distribution particularly L5-S1 nerve root distribution. Deep tendon reflexes and motor strength are within normal limits. Range of motion is limited secondary to her obesity, as well as pain with flexion is 30 degrees, extension is 0 degrees. Right lateral bending is 25 degrees and left lateral bending is 10 degrees. The medications listed are Norco, Percocet, Tramadol, Naproxen, Omeprazole, Cyclobenzaprine, Terocin cream, Flurbi (NAP) cream, NOCU and MPC1 topical creams. On 2/19/2015, Utilization Review non-certified a request for NPC1 210 grams and MPC1 210 grams noting that the clinical information submitted for review fails to meet the evidence based guidelines for the requested service. The MTUS was cited. On 2/27/2015, the injured worker submitted an application for IMR for review of NPC1 210 grams and MPC1 210 grams.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NPCI topical cream 210 grams: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California MTUS Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Topical Analgesic.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that topical analgesics can be utilized for the treatment of localized neuropathic pain that did not respond to standard treatment with first line oral anticonvulsant and antidepressant medications. The records did not show that the patient had subjective and objective findings consistent with the diagnosis of localized neuropathic pain such as CRPS. The diagnosis of lumbar radiculopathy is responsive to oral anticonvulsant and antidepressant medications. The records did not show failure of treatment with oral formulations of the first line medications. The patient is utilizing multiple topical products concurrently. The guidelines recommend that topical products be tried and evaluated individually for efficacy. The NPCI cream was noted to contain gabapentin, amitriptyline and bupivacaine. There is lack of guidelines and FDA support for the chronic use of topical formulations of gabapentin, amitriptyline and bupivacaine for the treatment of musculoskeletal pain. The criteria for the use of NPCI topical cream 20 grams were not met.

**MPCI topical compound cream 210 grams: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California MTUS Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Topical Analgesic products.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that topical analgesics can be utilized for the treatment of localized neuropathic pain that did not respond to standard treatment with first line oral anticonvulsant and antidepressant medications. The records did not show that the patient had subjective and objective findings consistent with the diagnosis of localized neuropathic pain such as CRPS. The diagnosis of lumbar radiculopathy is responsive to oral anticonvulsant and antidepressant medications. The records did not show failure of treatment with of oral formulations of the first line medications. The patient is utilizing multiple topical products concurrently. The guidelines recommend that topical products be tried and evaluated individually for efficacy. The MPCI cream was noted to contain Flurbiprofen, Baclofen and Dexamethasone. There is lack of guidelines and FDA support for the chronic use of topical formulations of Baclofen and Dexamethasone. The criteria for the use of MPCI topical compound cream 210 grams were not met.