

<b>Case Number:</b>	CM15-0047361		
<b>Date Assigned:</b>	03/16/2015	<b>Date of Injury:</b>	05/05/2010
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	02/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2015

### 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, California  
 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:

This is a 67 year old female patient, who sustained an industrial injury on 5/5/2010. She sustained the injury due to a fall on the ground. The current diagnoses are multilevel degenerative disc disease, most significant at L4-5, facet arthropathy, and sciatica. According to the progress report [REDACTED] dated 1/30/2015, she had complains of lumbosacral and right shoulder pain. The physical examination revealed right shoulder- tenderness and positive impingement sign; lumbosacral spine- tenderness, limited range of motion, negative straight leg raising bilaterally and pain with facet loading bilaterally. According to the progress report [REDACTED] dated 1/30/2015, she had low back pain with radiculopathy. The current medications list includes Norco. She has had lumbar MRI which revealed multilevel degenerative disc disease. Prior diagnostic study reports were not specified in the records provided. Treatment to date has included medication management, physical therapy, MRI, acupuncture, and home exercise program. The plan of care includes bilateral L4-5 lumbar facet injection and compound medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L4-5 lumbar facet injection under fluoroscopic assistance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Low Back (updated 04/15/15) Facet joint medial branch blocks (therapeutic injections) Facet joint injections, lumbar Facet joint intra-articular injections (therapeutic blocks).

**Decision rationale:** Request: Bilateral L4-5 lumbar facet injection under fluoroscopic assistance. Per the cited guidelines "Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit." Per the ODG low back guidelines Facet joint medial branch blocks (therapeutic injections) are "Not recommended except as a diagnostic tool. Minimal evidence for treatment." Per the cited guidelines, facet joint intra articular injections are "Under study." In addition, regarding facet joint injections, ODG states, "There should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy." There is no documented evidence of a formal plan of additional evidence-based activity and exercise in addition to a median branch block. One of the criteria for medial branch blocks or facet joint injections includes that the pain should be non radicular in nature. In this case patient is having low back pain with radiculopathy. Therefore there is no high grade scientific evidence to support the need for the facet injection for this patient as cited above. The medical necessity of Bilateral L4-5 lumbar facet injection under fluoroscopic assistance is not fully established for this patient at this juncture.

**Compound medication: Ketamine 10%, Gabapentin 6%, Baclofen 2%, Cyclobenzaprine 2%, Lidocaine 5% and Flurbiprofen: 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 Analgesics Page(s): 111-113.

**Decision rationale:** Request: Compound medication: Ketamine 10%, Gabapentin 6%, Baclofen 2%, Cyclobenzaprine 2%, Lidocaine 5% and Flurbiprofen. This is a request for topical compound medication. Cyclobenzaprine and baclofen are muscle relaxants and gabapentin is an anticonvulsant. The MTUS Chronic Pain Guidelines regarding topical analgesics state, Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants). (Argoff, 2006) 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. Topical NSAIDs- There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence 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). Non-neuropathic pain: Not recommended. Baclofen: Not recommended. There is no peer-reviewed literature to support the use of topical baclofen. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. Gabapentin: Not recommended. There is no peer-reviewed literature to support use. Ketamine: Under study: Only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Response of antidepressants and anticonvulsants for this injury is not specified in the records provided. Intolerance to oral medication is not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Gabapentin, cyclobenzaprine, ketamine and baclofen are not recommended by MTUS for topical use as cited below because of the absence of high grade scientific evidence to support their effectiveness. The medical necessity of Compound medication: Ketamine 10%, Gabapentin 6%, Baclofen 2%, Cyclobenzaprine 2%, Lidocaine 5% and flurbiprofen is not fully established for this patient.