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|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM15-0086604 |                              |            |
| <b>Date Assigned:</b> | 05/08/2015   | <b>Date of Injury:</b>       | 01/25/2009 |
| <b>Decision Date:</b> | 06/16/2015   | <b>UR Denial Date:</b>       | 04/24/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/05/2015 |

### 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: Massachusetts

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 46 year old male, who sustained an industrial injury on 1/25/09. Initial complaints were not reviewed. The injured worker was diagnosed as having chronic low back pain secondary to lumbosacral degenerative disc disease with foraminal stenosis; severe neuropathic pain; persistent groin pain with inguinodynia; sexual dysfunction; insomnia; umbilical hernia repair. Treatment to date has included physical therapy; lumbar brace; medications. Currently, the PR-2 notes dated 4/13/15 indicated the injured worker is in the office for a follow-up of chronic low back pain. He complains of low back pain rated at 6-7/10. His past treatment has included physical therapy which has helped in the past but he has not contacted them for a consultation for current treatment. He is currently working and prefers to take his pain medications at the end of the day to stay alert. He reports taking ibuprofen regularly to relieve pain but it is not as effective as prescribed medications. His physical examination is documented revealing he wears a lumbar back brace given to him for work, no antalgic gait, and low back range of motion with functional limits, no foot drop or weakness. The provider is requesting these medications: (Gabapentin 100%) Diclofenac 10%/Flurbiprofen 10%, Gabapentin 10%/Lidocaine 5% #240 30 days DOS 4-17-15 and Diclofenac 10%/Flurbiprofen 10%/Diclofenac 15%/Lidocaine 5% #240 gms with 4 auto refills DOS 4-17-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**(Gabapentin 100%) Diclofenac 10%/Flurbiprofen 10%, Gabapentin 10%/Lidocaine 5% #240 30 days DOS 4-17-15: 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 Topicals Page(s): 111.

**Decision rationale:** According to the MTUS, there is little to no research to support the use of topical compounded creams. It also contains menthol, a non-recommended topical agent. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Topical analgesics are largely experimental and there are a few randomized controlled trials to determine efficacy or safety. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.

**Diclofenac 10%/Flurbiprofen 10%/Diclofenac 15%/Lidocaine 5% #240gms with 4 auto refills DOS 4-17-15: 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 Topicals Page(s): 111.

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