

Case Number:	CM15-0231751		
Date Assigned:	12/07/2015	Date of Injury:	12/09/2013
Decision Date:	01/13/2016	UR Denial Date:	11/02/2015
Priority:	Standard	Application Received:	11/24/2015

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 was a 41 year old male, who sustained an industrial injury on December 9, 2013. The injured worker was undergoing treatment for gastritis, lumbar sprain and or strain, lumbar paraspinal muscle spasms, lumbar disc herniation, lumbar radiculitis and or radiculopathy of the bilateral lower extremities, thoracic spine degenerative disc disease, lumbar spine degenerative disc disease, bilateral carpal tunnel syndrome (mild) and sacroiliitis of the bilateral sacroiliac joints. According to progress note of August 3, 2015, the injured worker's chief complaint was low back pain. The injured worker received an epidural steroid injection on July 22, 2015 with one week of relief. The injured workers pain level was 6 out of 10 at this visit. The right elbow pain was 4 out of 10. The pain was worse with repetitive use. There was no physical exam documented at this visit. According to the progress report of September 10, 2015 the bilateral sacroiliac joint epidural injection lasted 2-3 reducing the pain level to 4 out of 10. The injured worker was unable to tolerate oral pain medications. The objective findings were mild distress and had difficulty rising from a seated position. The gait was within normal limits but moves around with stiffness and guarding of the right elbow. There was tenderness in the right elbow medial epicondyle, lateral epicondyle and olecranon region. There was normal range of motion of the right elbow, however with pain. The injured worker previously received the following treatments right sacroiliac joint injection on July 22, 2015, physical therapy, chiropractic therapy, cortisone injection to the lower back and right elbow, TENS (transcutaneous electrical nerve stimulator) unit, random urine drug screening was negative for any findings on August 6, 2015, Thoracic MRI showed disc desiccation at T1-T2 down to T3-T4

there was restriction of the flexion and extension views; Right elbow MRI which showed radiohumeral joint effusion and ulnohumeral joint effusion and Naproxen caused stomach upset, Tramadol caused dizziness the injured worker preferred the creams according to the progress note of August 3, 2015. The RFA (request for authorization) dated August 4, 2015; the following treatments were requested prescriptions for Flurbiprofen 25% -Dextromethorphan 10% in Lidoderm base and Gabapentin 10%-Ketoprofen 10%-Tramadol 5% - Cyclobenzaprine 2% in Lidoderm base. The UR (utilization review board) denied certification on November 2, 2015; for the prescriptions for Flurbiprofen 25%-Dextromethorphan 10% in Lidoderm base and Gabapentin 10%-Ketoprofen 10%-Tramadol 5% - Cyclobenzaprine 2% in Lidoderm base.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 25%, Dextromethorphan 10% in lipoderm base: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The current request is for Flurbiprofen 25%, Dextromethorphan 10% in Lipoderm base. Treatment history include right sacroiliac joint injection on July 22, 2015, physical therapy, chiropractic therapy, cortisone injection to the lower back and right elbow, TENS (transcutaneous electrical nerve stimulator) unit, and medications. The patient's work status was deferred to PTP. MTUS, Topical Analgesics section, page 111 has the following: 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. MTUS further states, "Topical Analgesics: Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period." According to the progress report 09/10/15, the patient presents with chronic sacroiliac joint, lower back and bilateral wrist pain. Physical examination revealed mild distress and difficulty rising from a seated position. The gait was within normal limits but the patient moves around with stiffness and guarding of the right elbow. There was tenderness in the right elbow medial epicondyle, lateral epicondyle and olecranon region. The treater states that the patient is unable to tolerate oral medications due to side effects and requested topical compound creams. This topical cream includes Flurbiprofen, Dextromethorphan and Lidoderm. Given the patient's elbow complaints, the use of a topical NSAID may be indicated; however, MTUS does not supported the use of lidocaine in lotion/gel/cream form. Furthermore, Dextromethorphan is a cough suppressant, and it is not

discussed in MTUS for topical application. MTUS states if any compounded product contains at least one drug (or drug class) that is not recommended then the entire produce is not recommended. Therefore, the request is not medically necessary.

Gabapentin 10%, Ketoprofen 10%, Tramadol 5%, Cyclobenzaprine 2% in lipoderm base:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The current request is for Gabapentin 10%, Ketoprofen 10%, Tramadol 5%, Cyclobenzaprine 2% in Lipoderm base. Treatment history include right sacroiliac joint injection on July 22, 2015, physical therapy, chiropractic therapy, cortisone injection to the lower back and right elbow, TENS (transcutaneous electrical nerve stimulator) unit, and medications. The patient's work status was deferred to PTP. MTUS Topical Analgesics guidelines pages 111 and 112 has the following regarding topical creams, "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." MTUS further states, "Non FDA-approved agents: Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis." MTUS further states, Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. According to the progress report 09/10/15 the patient presents with chronic sacroiliac joint, lower back and bilateral wrist pain. Physical examination revealed mild distress and difficulty rising from a seated position. The gait was within normal limits but the patient moves around with stiffness and guarding of the right elbow. There was tenderness in the right elbow medial epicondyle, lateral epicondyle and olecranon region. The treater states that the patient is unable to tolerate oral medications due to side effects and requested topical compound creams. This topical cream includes gabapentin, tramadol, cyclobenzaprine and Ketoprofen. MTUS does not supported any one of these ingredients for topical use. Therefore, the request is not medically necessary.