

<b>Case Number:</b>	CM14-0110882		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	10/03/2012
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	06/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2014

### 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. The expert reviewer is Board Certified in Neurologist and is licensed to practice in Texas, Ohio, and Massachusetts. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 48-year-old male who reported an injury on 10/03/2012. The mechanism of injury was not provided within the medical records. The clinical note dated 08/14/2014 indicated diagnoses of cervicgia, brachial neuritis or radiculitis, and osteoarthritis localized primary shoulder region. The injured worker reported persistent pain; however, the injured worker reported the pain had improved since surgery. There are reports of persistent numbness over the right shoulder area and in his hand with intermittent paresthesias in the hand. The injured worker reported weakness in the right arm and hand. It was reported that pain was over the clavicular area at about the mid clavicular line. The injured worker had not had imaging of his cervical spine or EMG/NCV studies. The injured worker described the character of the pain of the right shoulder as sharp, throbbing, and pressure, as well as burning. The injured worker reported the pain was constant 100% of the time. The injured worker reported his pain at 3/10. The injured worker reported factors that relieved his pain were lying down and relaxing. Factors that aggravated his pain were standing, sitting, walking, exercising, and taking medications. The injured worker reported he was able to sit 30 minutes before having to stand due to pain and was able to stand 30 minutes before having to sit due to pain. The injured worker reported pain interferes with chores, yard work, shopping, socializing, driving, sleeping, and caring for self. The injured worker's prior surgeries included a shoulder surgery 08/13/2013. On physical exam of the cervical spine, range of motion was full degrees with flexion, limited with extension, and limited with lateral flexion. There was positive Spurling's maneuver on the right with radiation of pain into the shoulder and upper arm. Treatment plan included trial of gabapentin, followup in a month, referral for EMG/NCV, and order cervical MRI. Prior treatments included diagnostic imaging, surgery, and medication management. Medication regimen was not

provided for review. The provider submitted a request for compound medications. A Request for Authorization was not submitted for review to include the date the treatment was requested.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Compound flurbiprophen 10%, Cyclobenzaprine 1%, Gabapentin 6%, lidocaine 2% Prilocaine 2%, Katamine 10% in LAM with one refill.: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines:Topical analgesics.

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

**Decision rationale:** The California MTUS guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also state any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. It was not indicated the injured worker had tried and failed antidepressants or anticonvulsants. In addition, the FDA-approved routes of administration for flurbiprofen include oral tablets and ophthalmologic solution. Moreover, the guidelines do not recommend the topical use of cyclobenzaprine as a topical muscle relaxant, as there is no evidence for use of any other muscle relaxant as a topical product. Moreover, the guidelines indicate that topical Ketamine is under study and is only recommended in the treatment of neuropathic pain, which is refractory to all primary and secondary treatments. Per the guidelines, any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Furthermore, the request does not indicate a frequency, quantity, or dosage. Additionally, the provider did not indicate a rationale for the request. Therefore, the request for Compound Flurbiprophen 10%, Cyclobenzaprine 1%, Gabapentin 6%, lidocaine 2% Prilocaine 2%, Ketamine 10% in LAM with one refill is not medically necessary.

**Compound diclofenac sodium 5%, lidocaine 2% prilocaine 2% topical cream with one refill.: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines:Topical Analgesics.

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

**Decision rationale:** The California MTUS guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety are

primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also state any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. It was not indicated the injured worker had tried and failed other antidepressants or anticonvulsants. In addition, topical lidocaine is indicated in the form of a dermal patch Lidoderm has been designated for neuropathic pain. No other commercially-approved topical formulations of lidocaine, whether creams, lotions, or gels, are indicated for neuropathic pain. Per the guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Moreover, the provider did not indicate a rationale for the request. Furthermore, the request does not indicate a dosage, frequency, or quantity. Therefore, the request is request for Compound diclofenac sodium 5%, lidocaine 2% Prilocaine 2% topical cream with one refill is not medically necessary.

**Compound lidocaine 2%, prilocaine 2%, lamotrigine 2.5%, meloxicam 0.09% topical cream with one refill.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines:Topical Analgesics.

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

**Decision rationale:** The California MTUS guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also state any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. It was not indicated the injured worker had tried and failed other antidepressants or anticonvulsants. In addition, topical lidocaine is only designated in the form of the patch Lidoderm. No other commercially-approved topical formulations of lidocaine, whether creams, lotions, or gels, are indicated for neuropathic pain. Per the guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Moreover, the provider did not indicate a rationale for the request. Furthermore, the request does not indicate a frequency, dosage, or quantity. Therefore, the request for Compound lidocaine 2%, Prilocaine 2%, Lamotrigine 2.5%, Meloxicam 0.09% topical cream with one refill is not medically necessary.