

<b>Case Number:</b>	CM14-0116064		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	12/28/1999
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	06/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Texas and Ohio. 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 75-year-old male who reported an injury on 12/28/1999 caused by an unspecified mechanism. The injured worker's treatment history included topical creams and magnetic resonance imaging (MRI) studies. The injured worker was evaluated on 09/09/2013, and it was documented the injured worker complained of myofascial low back pain. He had little leg pain and some limitation of walking endurance. He had some mechanical back pain, as well. Physical examination revealed normal gait. The injured worker's thoracolumbar spine was intact. There was right greater trochanteric bursitis. The lower extremities had motor strength of 5/5. There was pain in the L4 dermatomal distribution. The provider stated the injured worker complained of pain in the buttocks extending to the lower extremities suggestive of L4-5 radiculopathy. There were accompanying sensory symptoms involving loss of sensation, paresthesias and dysesthesias. Surgery was recommended in the form of L3-4 right sided hemilaminectomy with hardware removal and exploration of spinal fusion. Diagnoses included postlaminectomy syndrome, lumbar; spinal stenosis, lumbar; degenerative disc disease, lumbar; spondylosis, lumbosacral; and spondylolisthesis, acquired. Request for Authorization was not submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Container of Transermal Compound Medication (Ketamine, Baclofen, Cyclobenzaprine, Flurbiprofen, Gabapentin, Ethoxy Liq, Lipopen Cream Ultra) 360 mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints, Topical Analgesics.

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

**Decision rationale:** The request is not medically necessary. The California Chronic Pain Medical treatment Guidelines (MTUS) states that topical analgesics are "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. Any compounded product that contains at least one or more drug class is not recommended. Baclofen: Not recommended. There is currently one Phase III study of Baclofen-Amitriptyline- Ketamine gel in cancer patients for treatment of chemotherapy-induced peripheral neuropathy. 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. Other ant epilepsy drugs: There is no evidence for use of any other ant epilepsy drug as a topical product. Ketamine: Under study: Only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. Topical ketamine has only been studied for use in non-controlled studies for CRPS I and post-herpetic neuralgia and both have shown encouraging results. The exact mechanism of action remains undetermined. 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). 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. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. The provider failed to indicate conservative care outcome measurements. As such, the request for container of transdermal compound medication (Ketamine, Baclofen, Cyclobenzaprine, Flubiprofen, Gabapentin, Ethoxy Liq, Lipopen Cream Ultra) 360 mg is not medically necessary.