

<b>Case Number:</b>	CM14-0124089		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	08/28/2003
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	07/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2014

### 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 Occupational Medicine, and is licensed to practice in California. 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 patient is a 56-year-old male who has submitted a claim for lumbar spine sprain/strain, s/p subtalar fusion right foot and bone graft, and left hip compensatory pain r/o internal derangement associated with an industrial injury date of 8/28/2003. Medical records from 9/5/2013 up to 7/10/14 were reviewed showing ongoing 8/10 pain to the back of his left hip and right ankle. Pain is described as aching, stabbing, worsening, and constant. The pain impairs his activity and sleep. He complains of numbness in the outer part of his ankle. His pain is aggravated by prolonged sitting, standing, walking, kneeling, squatting, lifting, and pulling. Physical examination revealed tender left hip, right ankle, and right foot with associated decreased ROM. Lumbar spine examination was positive for Patrick-Fabere sign on both sides. Bechterew's, Kemp's/Facet, Neri's Bowing-Sciatica and facet signs are positive on the left. SLR Seated test was positive at 45 degrees on the left. He had some sensory deficits of hip and groin bilaterally. ROMs were limited by pain and spasm. X-ray of left hip taken 4/1/2014 showed degenerative changes and bone on bone. Treatment to date has included Xanax, Norco, Duexis, Zoloft, atenolol, and multiple surgeries. Utilization review from 7/25/2014 denied the request for Retrospective DOS: 5/16/14 Compound Flurbiprofen/ Lidocaine/ Amitriptyline Powders in/ PCCA Lidoderm Cream base and Retrospective DOS: 5/16/14 Compound Gabapentin/ Cyclobenzaprine/ Tramadol Powders in PCCA Lidoderm Cream base. There is no documentation that first line medications for neuropathic pain were utilized. Additionally, any compound that contains an ingredient that is not recommended is not recommended. Topical Gabapentin, Cyclobenzaprine, and Lidocaine are not recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective DOS: 5/16/14 Compound Flurbiprofen/ Lidocaine/ Amitriptyline Powders in/ PCCA Lipoder Cream base: 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 Guidelines Topical analgesics Page(s): 111-113.

**Decision rationale:** According to pages 111-113 of the CA MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The only topical NSAID approved by FDA is Diclofenac which has not been evaluated for treatment of the spine, hip or shoulder. Amitriptyline is a tricyclic antidepressant considered first-line agents, but there is no discussion regarding topical application of this drug. Only topical Lidocaine, in the formulation of a dermal patch has been designated for orphan status by the FDA for neuropathic pain. Lidocaine patch is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy. In this case, the patient was prescribed with this medication on 5/16/2014. There was no evidence of prior use of first-line medications for neuropathic pain. In addition, the requested compound cream contains Flurbiprofen, amitriptyline, and Lidocaine, which are not recommended for topical use. Guidelines state that any compounded product that contains a drug class that is not recommended is not recommended. Therefore the request for Retrospective DOS: 5/16/14 Compound Flurbiprofen/ Lidocaine/ Amitriptyline Powders/ PCCA Lidoderm Cream Base is not medically necessary.

**Retrospective DOS: 5/16/14 Compound Gabapentin/ Cyclobenzaprine/ Tramadol Powders in PCCA Lipoder Cream base: 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:** According to pages 111-113 of the CA MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Gabapentin, Cyclobenzaprine, and Tramadol are all not recommended as topical analgesics. In this case, the patient was prescribed with this medication on 5/16/2014. There was no evidence of prior use of first-line medications for neuropathic pain. In addition, the requested compound cream contains Gabapentin, Cyclobenzaprine, and Tramadol which are not recommended for topical use. Guidelines state that any compounded product that contains a drug class that is not recommended is not recommended. Therefore the request for Retrospective DOS: 5/16/14 Compound Gabapentin/

Cyclobenzaprine/ Tramadol Powders in PCCA Lidoderm Cream base is not medically necessary and appropriate.