

<b>Case Number:</b>	CM14-0097284		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	12/28/2012
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	06/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2014

### 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 Family Medicine and is licensed to practice in Colorado. 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 49 year old female with date of injury 12/28/2012, she continues care with the treating physician. She has chronic low back pain, radiating to the left leg since she strained her back lifting at work. The records available for review indicate that several therapies have been requested (physical therapy, medications, pain management consult, MRI, lumbar epidural steroid injections), but nothing approved as of the last notes from the treating physician. The records do not indicate what, if any, medications patient is taking or has tried, and the records do not mention the indication for topical analgesics. The treating physician is requesting Flurbiprofen/Tramadol and Gabapentin/Amitriptyline/Dextromethorphan topical analgesics.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective: Flurbiprofen/Tramadol (duration and frequency unknown) (DOS: 04/10/2014): 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 Pain Interventions and Treatments Page(s): 111-112.

**Decision rationale:** Per the MTUS Guidelines, topical analgesics are largely experimental, but may be indicated for specific conditions when other therapies have failed. However, the guidelines make it clear that if a drug or drug class in a given topical compound is "not recommended," then the entire topical treatment is not recommended. Topical Non-steroidal anti-inflammatory drugs have been studied, but only short term in small numbers, so no substantive evidence supports long term use. Use of topical non-steroidal anti-inflammatory drugs can be recommended, after first line therapies fail, for less than 12 weeks, for treatment of osteoarthritis, specifically related to the knee or elbow. No consistent quality evidence exists to use topical non-steroidal anti-inflammatory drugs for treatment of osteoarthritis of the spine, hip or shoulder, or for treatment of neuropathic pain, including radiculopathy. The only FDA-approved Topical Non-steroidal anti-inflammatory agent is Voltaren Gel 1% (Diclofenac). The records supplied do not indicate any previous treatment tried and failed prior to the topical analgesic. Furthermore, the records do not specify a requested duration or frequency of use for the topical analgesic, so short term use, which is the only recommended term of use for non-steroidal anti-inflammatory drugs (Flurbiprofen), cannot be verified. Finally, the topical analgesic requested is to be used for diagnosis of low back pain, which is not an indicated diagnosis for use of topical non-steroidal anti-inflammatory drugs (Flurbiprofen). The MTUS Guidelines do not address topical Tramadol, which in this case is not relevant because the Flurbiprofen would not be recommended for this patient or diagnosis based on the records supplied. The Flurbiprofen/Tramadol topical preparation, therefore, is not recommended and not medically necessary.

**Retrospective: Gabapentin/Amitriptyline/Dextromethorphan (duration and frequency unknown) (DOS: 04/10/2014):** 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 Pain Interventions and Treatments Page(s): 111-113.

**Decision rationale:** Per the MTUS Guidelines, topical analgesics are largely experimental but may be indicated for specific conditions when other therapies have failed. However, the guidelines make it clear that if a drug or drug class in a given topical compound is "not recommended," then the entire topical agent is not recommended. Per the MTUS Guidelines, Gabapentin topical is not recommended. No studies support its use in topical preparations. The MTUS Guidelines do not address topical Dextromethorphan or topical Amitriptyline, which in this case is not relevant because the Gabapentin is not recommended, so the entire topical preparation is not recommended and not medically necessary.