

<b>Case Number:</b>	CM14-0218504		
<b>Date Assigned:</b>	01/08/2015	<b>Date of Injury:</b>	08/07/2009
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	12/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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. 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: New York  
 Certification(s)/Specialty: Internal Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 64 year old woman sustained an industrial injury on 8/7/2009 after falling down the stairs. The current diagnosis is lumbar radiculopathy. Treatment has included oral medications. Physician notes on a PR-2 dated 10/15/2014 show the worker using a cane for ambulation and complaints of low back pain rated 8/10 with limitations on all activities due to the pain. Range of motion is greatly decreased. There is mention of several oral medications prescribed and the topical application in dispute is ordered at this visit with no rationale included. On 12/11/2014, Utilization Review evaluated a prescription for gabapentin 10%, amitriptyline 10%, bupivacaine 5% in cream base, that was submitted on 11/26/2014. The UR physician note that this medicated topical application is not currently approved by the FDA. Specifically, flurbiprofen and gabapentin are not approved for topical use. The MTUS, ACOEM (or ODG) Guidelines was cited. The request was denied and subsequently appealed to Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 10%, Amitriptyline 10%, Bupivacaine 5% in 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:** MTUS states that the use of topical Gabapentin is not recommended. MTUS states that use of topical analgesics is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request for Compound Flurbiprofen 20%, Baclofen 5%, Dexamethasone 2%, Menthol 2%, Camphor 2% and Capsaicin 0.025% is not medically necessary. The request for Gabapentin 10%, amitriptyline 10% and bupivacaine 5% in cream base is not medically necessary.

**Protonix 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-69. Decision based on Non-MTUS Citation ODG, Treatment Index, 12 Edition (web), 2014

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

**Decision rationale:** MTUS recommends the combination of Non-steroidal anti-inflammatory drugs (NSAIDs) and Proton Pump Inhibitors (PPIs) for patients at risk for gastrointestinal events including age over 65 years of age, history of peptic ulcer, gastrointestinal bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant and high dose or multiple NSAID (e.g., NSAID + low-dose ASA). Documentation does not support that the injured worker is at high risk of gastrointestinal events, which subsequently does not justify medical necessity of Protonix. The request for Protonix 20mg #60 is not medically necessary.

**Cyclobenzaprine 7.5 Mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 65.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain). Page(s): 63.

**Decision rationale:** MTUS states muscle relaxants should be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Furthermore, in most cases of low back pain, they show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The injured worker is diagnosed with Lumbar radiculopathy and complaints of low back pain with ongoing physical limitations. Documentation does not show evidence of acute exacerbation of symptoms and or overall

improvement in the injured worker's chronic low back pain. The request for Cyclobenzaprine 7.5mg #90 is not medically necessary.

**Compound: Flurbiprofen 20%, Baclofen 5%, Dexamethasone 2%, Menthol 2%, Camphor 2%, Capsaicin 0.025%:** 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.

**Decision rationale:** MTUS states that use of topical analgesics is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request for Compound Flurbiprofen 20%, Baclofen 5%, Dexamethasone 2%, Menthol 2%, Camphor 2% and Capsaicin 0.025% is not medically necessary.