

<b>Case Number:</b>	CM15-0005974		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	02/17/2006
<b>Decision Date:</b>	03/12/2015	<b>UR Denial Date:</b>	12/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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: Hawaii, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The injured worker is a 62 year old male, who sustained an industrial injury on 2/17/06. He has reported low back pain. The diagnoses have included lumbar spine disc protrusion, bilateral lower extremity radiculitis, arachnoid cyst, left middle brain, antalgic gait and anxiety. Treatment to date has included physical therapy, medications and a walker for ambulation. Currently, the IW complains of low back pain with radiation to bilateral legs, affecting activities of daily living and sleep. Physical exam of 10/1/14 noted unsteady gait, increased motor weakness, moderate tenderness to palpation over the lumbar paraspinal at L4-L5 and spasm over the lumbar paraspinal. On 12/26/14 Utilization Review non-certified Flurbiprofen 20%/Cyclobenzaprine 4% lidocaine 180 mg, noting there is no documentation to support failed trials of oral pain medications and no commercially approved topical formulations of lidocaine are indicated for neuropathic pain; (MRI) magnetic resonance imaging of lumbar and sacral vertebra noting there is limited evidence to suggest progression of findings to warrant (MRI) magnetic resonance imaging; and home health aide 6 hours a day x 5 days, noting the lack of medical necessity. The MTUS, ACOEM Guidelines and ODG were cited. On 1/12/15, the injured worker submitted an application for IMR for review of Flurbiprofen 20%/Cyclobenzaprine 4% lidocaine 180 mg, (MRI) magnetic resonance imaging of lumbar and sacral vertebra and home health aide 6 hours a day x 5 days.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 20%/ Cyclobenzaprine 4%/ Lidocaine 5%, 180 gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs.

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

**Decision rationale:** MTUS and ODG recommend usage of topical analgesics as an option, but also further details primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. FLURBIPROFEN MTUS states that the only FDA-approved NSAID medication for topical use includes diclofenac, which is indicated for relief of osteoarthritis pain in joints. Flurbiprofen would not be indicated for topical use in this case. CYCLOBENZAPRINE or MUSCLE RELAXANTS MTUS states regarding topical muscle relaxants, other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. Topical cyclobenzaprine is not indicated for this usage, per MTUS. LIDOCAINE ODG also states that topical lidocaine is appropriate in usage as patch under certain criteria, but that no other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. MTUS states regarding lidocaine, 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). MTUS indicates lidocaine Non-neuropathic pain: Not recommended. The medical records do not indicate failure of first-line therapy for neuropathic pain and lidocaine is also not indicated for non-neuropathic pain. ODG states regarding lidocaine topical patch, this is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Medical documents do not document the patient as having post-herpetic neuralgia. The requested compound contains several components that are not recommended per MTUS. If one component is not recommended the whole compound is not recommended. In the case, Lidocaine is not indicated for lack of documented first line therapy failure. Topical Cyclobenzaprine is also not indicated per MTUS. As such, the request for Flurbiprofen 20%/ Cyclobenzaprine 4%/ Lidocaine 5%, 180 gm is not medically necessary.

**Lumbar MRI:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC, Low Back Procedure Summary

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315. Decision based on Non-MTUS Citation Low Back - Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging)

**Decision rationale:** MTUS and ACOEM recommend MRI, in general, for low back pain when cauda equine, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative, MRI test of choice for patients with prior back surgery ACOEM additionally recommends against MRI for low back pain before 1 month in absence of red flags. ODG states, Imaging is indicated only if they have severe progressive neurologic impairments or signs or symptoms indicating a serious or specific underlying condition, or if they are candidates for invasive interventions. Immediate imaging is recommended for patients with major risk factors for cancer, spinal infection, cauda equina syndrome, or severe or progressive neurologic deficits. Imaging after a trial of treatment is recommended for patients who have minor risk factors for cancer, inflammatory back disease, vertebral compression fracture, radiculopathy, or symptomatic spinal stenosis. Subsequent imaging should be based on new symptoms or changes in current symptoms. The medical notes provided did not document (physical exam, objective testing, or subjective complaints) any red flags, significant worsening in symptoms or other findings suggestive of the pathologies outlined in the above guidelines. As such, the request for MRI lumbar spine is not medically necessary.

**Home health aid- to assist with daily living activities 6hrs per day x 5 days a week:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51. Decision based on Non-MTUS Citation Pain, Home Health Services

**Decision rationale:** According to MTUS and ODG Home Health Services section, recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or intermittent basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. Given the medical records provided, employee does not appear to be homebound. The treating physician does not detail what specific home services the patient should have. Additionally, documentation provided does not support the use of home health services as medical treatment, as defined in MTUS. As such, the request for Home health aid- to assist with daily living activities 6hrs per day x 5 days a week is not medically necessary.