

<b>Case Number:</b>	CM15-0018696		
<b>Date Assigned:</b>	02/06/2015	<b>Date of Injury:</b>	02/24/2007
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/02/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 46 year old woman sustained an industrial injury on 2/24/2007. The mechanism of injury is not detailed. Current diagnoses include lumbar spine radiculopathy, failed back syndrome, and internal derangement of the knee. Treatment has included oral medications and surgical intervention. Physician notes dated 12/22/2014 show continued low back and knee pain. Recommendations include adding Nucynta ER, refill of medications, urine drug screen, and continue activities as tolerated. On 1/14/2015, Utilization Review evaluated a prescription for Clonidine 0.2 %, Gabapentin 6%, Flurbiprofen 10%, Lidocaine 2%, 300gm with five refills as needed, that was submitted on 2/2/2015. The UR physician noted topical analgesics are largely experimental and any compounded product that contains one or more ingredient that is not recommended is not recommended. Further, there was no documentation regarding treatment history or duration and efficacy was not provided. The MTUS, ACOEM Guidelines, (or ODG) 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:

**Clonidine 0.2% / Gabapentin 6% / Flurbiprofen 10% / Lidocaine 2%, 300 g, refill x5 as needed: Upheld**

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

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

**Decision rationale:** The 46 year old patient presents with low back pain, leg pain and knee pain, as per progress report dated 12/22/14. The request is for CLONIDINE 0.2% / GABAPENTIN 6% / FLURBIPROFEN 10% / LIDOCAINE 2%, 300 mg, REFILL X 5 AS NEEDED. The RFA for the case is dated 01/07/15, and the patient's date of injury is 02/24/07. Diagnoses, as per progress report dated 12/22/14, included post-laminectomy syndrome, failed back syndrome, lumbar radiculopathy, and left knee internal derangement. Medications included Baclofen, Nucynta, Percocet, Duloxetine, Mobic, Prilosec and Xanax. The patient is status post left knee arthroscopy 07/25/12, as per report dated 04/10/13. The patient is not working, as per progress report dated 12/22/14. The MTUS guidelines do not support the use of topical NSAIDs such as Flurbiprofen for axial, spinal pain, but supports its use for peripheral joint arthritis and tendinitis. MTUS guidelines on page 111, state that: Gabapentin: Not recommended. There is no peer-reviewed literature to support use. Topical clonidine has published reports in animal studies only. For Lidocaine, the MTUS guidelines do not support any other formulation than topical patches. Additionally, MTUS Guidelines also provide clear discussion regarding topical compounded creams on pg 111. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, none of the progress reports discuss this request. The treater does not explain why the topical formulation was chosen over others. There is no documentation of efficacy as well. The compounded cream, however, contains NSAIDs such as Diclofenac and Flurbiprofen, which are only recommended for peripheral joint arthritis or tendinitis, as per MTUS. The guidelines do not support the use of Gabapentin or Clonidine in topical form. Lidocaine is not supported in any other formulation other than topical patches. Additionally, the guidelines also state that: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Hence, this request IS NOT medically necessary.