

<b>Case Number:</b>	CM15-0118152		
<b>Date Assigned:</b>	06/26/2015	<b>Date of Injury:</b>	10/04/2012
<b>Decision Date:</b>	07/29/2015	<b>UR Denial Date:</b>	05/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2015

### 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: Family Practice

### 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 47 year old male, who sustained an industrial injury on 10/04/2012. Diagnoses include spondylosis of unspecified site, thoracic/lumbar neuritis/radiculitis and issue repeat prescriptions. Treatment to date has included medications including Tramadol and ibuprofen, physical therapy, chiropractic treatment, home exercise, bracing and modified work. Magnetic resonance imaging (MRI) (undated) revealed multilevel lumbar decompression, bilateral L5 pars defects severe L5-S1 spondylosis and foraminal stenosis. Per the Primary Treating Physician's Progress Report dated 3/02/2015, the injured worker reported chronic low back pain and bilateral circumferential lower extremity pain. Physical examination of the lumbar spine revealed tenderness in the lower lumbar spine. He flexes his lower back with his fingers going to his shins causing back pain and extends 30 degrees with back pain. Straight leg raise bilaterally causes low back pain. The plan of care included topical medications and authorization was requested for the following compound topical medications: Flurbiprofen/Cyclobenzaprine/Gabapentin/Lidocaine/Prilocaine, Lidocaine/Prilocaine/Topiramate/Meloxicam, and Diclofenac sodium/Lidocaine/Prilocaine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 10%, cyclobenzaprine 1%, gabapentin 6%, lidocaine 2%, prilocaine 2% in LAM:** 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 Analgesics Page(s): 110-112.

**Decision rationale:** According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines state that there is little to no research to support the use of many these agents. Specifically, the MTUS guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Muscle relaxants such as Cyclobenzaprine and Gabapentin are not supported in a topical application. Lidocaine is only supported as a patch. The request for topical medication is not supported. The request for Flurbiprofen 10%, cyclobenzaprine 1%, gabapentin 6%, lidocaine 2%, Prilocaine 2% in LAM is not medically necessary or appropriate.

**Lidocaine 2%, prilocaine 2%, topiramate 2.5% meloxicam .09%, topical cream:** 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 Analgesics Page(s): 110-112.

**Decision rationale:** According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines state that there is little to no research to support the use of many these agents. Specifically, the MTUS guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidocaine is not supported in a cream formulation. Antiepileptic medications such as topiramate are not supported as a topical product. The request for Lidocaine 2%, prilocaine 2%, topiramate 2.5% meloxicam .09%, topical cream is not medically necessary or appropriate.

**Diclofenac sodium 5%, lidocaine 2%, prilocaine 2% in LAM:** 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 Analgesics Page(s): 110-112.

**Decision rationale:** According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The

guidelines state that there is little to no research to support the use of many these agents. Specifically, the MTUS guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidocaine is only supported in a patch. Topical diclofenac is only supported in a 1% formulation. The request for Diclofenac sodium 5%, lidocaine 2%, prilocaine 2% in LAM is not medically necessary or appropriate.