

Case Number:	CM15-0125086		
Date Assigned:	07/09/2015	Date of Injury:	11/21/2014
Decision Date:	08/25/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/29/2015

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: Texas, 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 58 year old male, who sustained an industrial injury on 11/21/14. The injured worker was diagnosed as having cervical disc herniation without myelopathy, lumbar disc displacement without myelopathy, thoracic disc displacement without myelopathy, post-concussion syndrome, and right ankle sprain/strain. Treatment to date has included acupuncture and medication. The injured worker had been using for Lidocaine 6%/Gabapentin 10%/Ketoprofen 10% compound and Flurbiprofen 15%/Cyclobenzaprine 2%/Baclofen 2%/Lidocaine 5% compound since at least 2/11/15. Currently, the injured worker complains of pain in the cervical, thoracic, and lumbar spine. Right ankle and foot pain were also noted on 5/14/15. The low back pain was radiating down to bilateral lower extremity. Physical examination of the cervical and lumbar spine revealed muscle spasm, tenderness on palpation and positive axial compression test and Kemp test and decreased patellar reflexes. Physical examination of the right ankle and foot revealed tenderness on palpation, positive varus test, tenderness on palpation and minimal swelling. The treating physician requested authorization for Lidocaine 6%/Gabapentin 10%/Ketoprofen 10% compound 180g with 2 refills, Flurbiprofen 15%/Cyclobenzaprine 2%/Baclofen 2%/Lidocaine 5% compound 180g with 2 refills, nerve conduction velocity/electromyography of the right lower extremity, and a pain management referral for cervical and lumbar epidural injections. The patient sustained the injury due to forklift collision. The patient had received an unspecified number of PT visits for this injury. The patient has had MRI of the lumbar spine on 5/14/15 that revealed multilevel disc protrusions, and MRI of the cervical spine on 4/16/15 that revealed disc protrusions and

foraminal narrowing. The medication list include compound topical medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound: Lidocaine 6%/Gabapentin 10%/Ketopfeon 10%, QTY 180gm, 2 refills: 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 Chronic Pain - Topical Analgesics, pages 111-112.

Decision rationale: Request Compound: Lidocaine 6%/Gabapentin 10%/Ketopfeon 10%, QTY 180gm, 2 refills. According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Gabapentin: Not recommended. There is no peer-reviewed literature to support use Ketamine: Under study: Only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted..." MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Any trial of antidepressants and anticonvulsants for these symptoms were not specified in the records provided. Any intolerance or contraindication to oral medications was not specified in the records provided. As per cited guideline "Gabapentin: Not recommended. There is no peer-reviewed literature to support use." In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical Gabapentin is not recommended in this patient for this diagnosis as cited. Documentation of response of oral pharmacotherapy in conjunction with other rehabilitation therapy was not specified in the records provided. The request for Compound: Lidocaine 6%/Gabapentin 10%/Ketopfeon 10%, QTY 180gm, 2 refills is not medically necessary in this patient.

Compound: Flurbiprofen 15%/Cyclobenzaprine 2%/Baclofen 2%/Lidocaine 5% QTY 180gm, 2 refills: 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 Chronic Pain - Topical Analgesics, pages 111-112.

Decision rationale: Compound: Flurbiprofen 15%/Cyclobenzaprine 2%/Baclofen 2%/Lidocaine 5% QTY 180gm, 2 refills. According to the MTUS Chronic Pain Guidelines regarding topical

analgesics state that the use of topical analgesics is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Gabapentin: Not recommended. There is no peer-reviewed literature to support use Ketamine: Under study: Only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted..." MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Any trial of antidepressants and anticonvulsants for these symptoms were not specified in the records provided. Any intolerance or contraindication to oral medications was not specified in the records provided. Cyclobenzaprine and Baclofen are muscle relaxants. Per the cited guidelines, "Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." The muscle relaxant Cyclobenzaprine in topical form is not recommended by MTUS. Flurbiprofen is NSAID. "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration." In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical Flurbiprofen, Baclofen and Cyclobenzaprine are not recommended in this patient for this diagnosis as cited. Documentation of response of oral pharmacotherapy in conjunction with other rehabilitation therapy was not specified in the records provided. The request for Compound: Flurbiprofen 15%/Cyclobenzaprine 2%/Baclofen 2%/Lidocaine 5% QTY 180gm, 2 refills is not medically necessary in this patient.

NCV/EMG of right lower extremity: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: NCV/EMG of right lower extremity. Per ACOEM chapter 12 guidelines, "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." Per the ACOEM guidelines cited below, "For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks." The injured worker was diagnosed as having cervical disc herniation without myelopathy, lumbar disc displacement without myelopathy, thoracic disc displacement without myelopathy, post- concussion syndrome, and right ankle sprain/strain. Currently, the injured worker complains of pain in the cervical, thoracic, and lumbar spine. Right ankle and foot pain were also noted on /14/15. The low back pain was radiating down to bilateral lower 5

extremity. Physical examination of the cervical and lumbar spine revealed muscle spasm, tenderness on palpation and positive axial compression test and Kemp test and decreased patellar reflexes. The patient sustained the injury due to forklift collision. The patient had received an unspecified number of PT visits for this injury. The patient has had MRI of the lumbar spine on 5/14/15 that revealed multilevel disc protrusions, and MRI of the cervical spine on 4/16/15 that revealed disc protrusions and foraminal narrowing. Symptoms and significant objective findings are present and they are suggestive of possible radiculopathy. The request of NCV/EMG of right lower extremity is medically necessary and appropriate in this patient to further evaluate the symptoms and signs suggestive of possible radiculopathy.

Pain management referral for epidural injections - cervical & lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46. Decision based on Non-MTUS Citation ACOEM Medicine Practice Guidelines, 2004 page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, IME and consultations.

Decision rationale: Per the cited guidelines, "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." The MTUS Chronic Pain Guidelines regarding Epidural Steroid Injections state, "The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program." Per the cited guideline criteria for ESI are "1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants)." As stated above, epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The records provided did not specify a plan to continue active treatment programs following the lumbar ESI. As stated above, ESI alone offers no significant long-term functional benefit. A detailed examination of the cervical and lumbar spine including SLR test, cervical radiculopathy and EMG study was not specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications (including anticonvulsants) was not specified in the records provided. Patient has received an unspecified number of PT visits for this injury. Any conservative therapy notes were not specified in the records provided. A response to recent rehab efforts including physical therapy or continued home exercise program were not specified in the records provided. Lack of response to conservative treatment including exercises, physical methods, NSAIDs and muscle relaxants was not specified in the records provided. The request for Pain management referral

for epidural injections - cervical & lumbar is not medically necessary for this patient.