

<b>Case Number:</b>	CM15-0129822		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	10/27/1997
<b>Decision Date:</b>	08/19/2015	<b>UR Denial Date:</b>	06/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/06/2015

### 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: New York  
 Certification(s)/Specialty: Anesthesiology

### 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 40 year old, male who sustained a work related injury on 10/27/97. The diagnoses have included cervical disc herniations with central canal stenosis, lumbar disc herniation with central canal stenosis and chronic lumbar radiculopathy. Treatments have included oral medications, medicated gel and physical therapy. In the PR-2 dated 6/9/15, the injured worker complains of persistent neck pain, which frequently radiates down left arm. He rates this pain level a 6-7/10. He complains of constant and worsening lower back pain that radiates down left leg. He complains of a new symptom of sharp pain in the right upper thigh. He states the Tylenol #3 he takes only brings his pain down to a 7/10 from 8-9/10. He states it is not working to control his pain. He has tenderness and hypertonicity on the left side upon palpation of the suboccipital region. He has tenderness and hypertonicity to touch on the left side of cervical paravertebral muscles. Cervical compression test was positive on the right. Spurling's and shoulder depression tests were positive on the left. He has tenderness and hypertonicity of lumbar paraspinal muscles. Straight leg test was positive with both legs. He is currently working. The treatment plan includes requests for medicated topical cream and a new prescription for Vicodin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compounded topical: Flubiprofen 20%, Baclofen 5%, Lidocaine 4% cream, 180mg for neuropathic pain related to cervical and lumbar spinal pathology:** Upheld

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

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

**Decision rationale:** According to the CA MTUS guidelines, although recommended as an option, topical analgesics are used primarily for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Furthermore, they are largely experimental. "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." With non-steroidal anti-inflammatories (NSAIDs), "The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration." "These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety." There are no clinical studies to support the safety or effectiveness of Flurbiprofen in a topical delivery system (excluding ophthalmic). Baclofen is not recommended. There is no peer-reviewed literature to support the use of topical baclofen. Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) is used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Since there is insufficient documentation that she has peripheral pain and the medications of Flurbiprofen, Baclofen and Lidocaine are not recommended for topical use, the requested treatment of a medicated cream consisting of a Flurbiprofen, Baclofen and Lidocaine compound is not medically necessary.

**Vicodin 5/300mg, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list - Hydrocodone/Acetaminophen; Opioids for chronic pain; Therapeutic Trial of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96.

**Decision rationale:** Per CA MTUS guidelines, Hydrocodone/Acetaminophen (Vicodin) is indicated for moderate to moderately severe pain. "Chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components." "Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. There is no evidence to recommend one opioid over another." "A major concern about the use of opioids for chronic pain is that most randomized controlled trials have been limited to a short-term period." Long-term use of opioids are not recommended. He has tried taking Tramadol and Tylenol #3 in the past without much pain relief. He has been on pain medications for an indeterminate amount of time. His pain levels have not decreased much with the use of pain medications; There is insufficient documentation of improvements in functional capabilities with the use of pain medication. The requested treatment of Vicodin is not medically necessary.