

<b>Case Number:</b>	CM15-0145721		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	07/16/2003
<b>Decision Date:</b>	10/20/2015	<b>UR Denial Date:</b>	07/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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:

The 55-year-old female injured worker suffered an industrial injury on 7-16-2003. The diagnoses included lumbosacral sprain/strain, chronic intractable lumbago, lumbar disc herniations, chronic lumbar radiculopathy and chronic pain syndrome. On 5-8-2015, the treating provider reported chronic intractable low back pain with radiculopathy due to lumbar disc herniations. She stated without the medications she is unable to get out of bed and perform any of her activities of daily living. She reported the pain is 10 out of 10 without medication and 5 out of 10 with medication. She was currently attending a functional restoration program. She was using Ultram, Norflex, Gabapentin, Wellbutrin and Prilosec. On exam there was moderate to severe tenderness of the lumbosacral spine. She had an altered gait and used a cane for support. There was limited range of motion with positive left straight leg raise Prior treatments included functional restoration program, medications and acupuncture. The diagnostics included. The Utilization Review on 7-2-2015 determined non-certification for CMPD-PCCA Cust/Flurbipro/Lidocaine/Cyclobenz, 30 day supply, quantity: 240, prescribed on 06/23/15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CMPD-PCCA Cust/Flurbipro/Lidocaine/Cyclobenz, 30 day supply, quantity: 240, prescribed on 06/23/15: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** The 55-year-old patient complains of chronic, intractable lower back pain, rated at 5-6/10, as per progress report dated 06/12/15. The request is for CMPD-PCCA CUST / FLURBIPRO / LIDOCAINE / CYCLOBENZ, 30 DAY SUPPLY, QUANTITY: 240, PRESCRIBED ON 06/23/15. There is no RFA for this case, and the patient's date of injury is 07/16/03. Diagnoses included lumbosacral sprain/strain, chronic intractable lumbago, lumbar disc herniation and annular tear at L3-4, L4-5 and L5-S1, chronic lumbar radiculopathy, chronic pain syndrome, and chronic reactive depression. Current medications included Norflex, Ultram, Gabapentin, Wellbutrin, Prilosec and topical compound. Diagnoses, as per progress report dated 04/15/15, included major depressive disorder, pain disorder and personality disorder. The patient is not working, as per the same report. The MTUS chronic pain guidelines 2009, page 111 and Topical Analgesics section, 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. Cyclo-benzaprine: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxants as a topical product." The MTUS has the following regarding topical creams (p 111, chronic pain section): Lidocaine Indication: 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). The FDA for neuropathic pain has designated topical lidocaine, in the formulation of a dermal patch (Lidoderm) for orphan status. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. 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, a prescription for Flurbiprofen / Lidocaine / Cyclobenzaprine is first noted in progress report dated 04/10/15. The treater states the topical formulation can "help the patient with inflammation and reduce her dependency on opioid and her oral medications." Medications help reduce pain from 7-8/10 to 3-4/10. As per progress report dated 06/12/15, medications help manage "her symptoms and keeping her functional. Again, without her medication, she has been very symptomatic and unable to perform any of her daily activities." In the report, the treater states that the patient was given a refill for the topical compound. The treater, however, does not explain how and where this cream will be applied. Additionally, MTUS does not support the use of Cyclobenzaprine in topical form. There is no diagnosis of peripheral joint arthritis for which topical Flurbiprofen is recommended. MTUS does not allow for any other formulation of Lidocaine other than topical patches. MTUS Guidelines also provide a 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. Since not all the three components of this cream are indicated by the guidelines, this request IS NOT medically necessary.