

<b>Case Number:</b>	CM15-0173113		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	01/27/2010
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	08/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2015

### 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: Preventive Medicine, Occupational Medicine

### 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 56-year-old male, who sustained an industrial injury on 1-27-10. The injured worker is undergoing treatment for reflex sympathetic dystrophy syndrome (RSD) lower limb, pain in joint lower leg, foot pain and entrapment neuropathy left limb. Medical records dated 1-30-15 through 7-30-15 indicate the injured worker complains of right hip pain and reflex sympathetic dystrophy syndrome (RSD) of the lower limb. Pain is increased. On 1-30-15 it was rated 5 out of 10 with medication and 8 out of 10 without medication. On the visit, dated 7-30-15 hip pain is rated 6-7 out of 10 with medication and 9 out of 10 without medication and right foot pain is rated 6 out of 10 with medication and 10 out of 10 without medication. Activity level is indicated to be decreased on 7-30-15 with poor quality of sleep. Physical exam dated 7-30-15 notes antalgic gait and use of a cane for ambulation. There is a right ankle healed surgical scar, right foot-ankle tenderness to palpation and painful weight bearing. Treatment to date has included completed pain coping skills group, acupuncture, physical therapy, home exercise program (HEP), and oral and topical medication. The original utilization review dated 8-13-15 indicates the request for return to office in six weeks for follow-up right foot-lower extremity is certified and Cyclobenzaprine 10% - Lidocaine 2% cream, 30 grams, Flurbiprofen 20% - Lidocaine 5% cream, 30 grams, Gabapentin 10%/Amitriptyline 5% - Capsaicin 0.025% cream, 30 grams, spinal cord stimulator trial and potential implantation, Return to office as scheduled for follow-up - orthotic evaluation #3, or should phone - RTO sooner prn retrogression - etc. is non-certified.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 10%/Lidocaine 2% cream, 30 grams: 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:** According to the MTUS, there is little to no research to support the use of many of these compounded topical analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no evidence for use of any muscle relaxant as a topical product. Cyclobenzaprine 10%/Lidocaine 2% cream, 30 grams is not medically necessary.

**Flurbiprofen 20%/Lidocaine 5% cream, 30 grams: 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:** According to the MTUS, there is little to no research to support the use of many of these Compounded Topical Analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen topical is not supported by the MTUS. Flurbiprofen 20%/Lidocaine 5% cream, 30 grams is not medically necessary.

**Gabapentin 10%/Amitriptyline 5%/Capsaicin 0.025% cream, 30 grams: 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:** According to the MTUS, there is little to no research to support the use of many of these compounded topical analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Gabapentin is not recommended. There is no peer-reviewed literature to support use. Gabapentin 10%/Amitriptyline 5%/Capsaicin 0.025% cream, 30 grams is not medically necessary.

**Spinal cord stimulator trial and potential implantation: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Spinal cord stimulators (SCS).

**Decision rationale:** According to MTUS, indications for spinal cord stimulator are failed back syndrome, complex regional pain syndrome, post amputation pain, postherpetic neuralgia, spinal cord injury, pain associated with multiple sclerosis, and peripheral vascular disease. In addition, psychological screening should be obtained prior to a spinal cord stimulator trial, especially for serious conditions such as severe depression or schizophrenia. Due to the patient's RSD, or now referred to as complex regional pain syndrome, in the lower extremities, he may be a candidate for an SCS. However, there is no documentation of psychological screening or medical risk assessment. Spinal cord stimulator trial and potential implantation is not medically necessary.

**Return to office as scheduled for follow-up/orthotic evaluation #3, or should phone/RTO sooner prn retrogression/etc:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Spinal cord stimulators (SCS).

**Decision rationale:** According to MTUS, indications for spinal cord stimulator are failed back syndrome, complex regional pain syndrome, post amputation pain, postherpetic neuralgia, spinal cord injury, pain associated with multiple sclerosis, and peripheral vascular disease. In addition, psychological screening should be obtained prior to a spinal cord stimulator trial, especially for serious conditions such as severe depression or schizophrenia. Due to the patient's RSD, or now referred to as complex regional pain syndrome, in the lower extremities, he may be a candidate for an SCS. However, there is no documentation of psychological screening or medical risk assessment. Spinal cord stimulator trial and potential implantation is not medically necessary; consequently, the associated return to office as scheduled for follow-up/orthotic evaluation #3, or should phone/RTO sooner prn retrogression/etc is not medically necessary.