

Case Number:	CM15-0176682		
Date Assigned:	09/17/2015	Date of Injury:	10/22/2001
Decision Date:	10/21/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/08/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 68 year old female, who sustained an industrial injury on 10-22-01. The documentation on 7-17-15 noted that the injured worker has complaints of ongoing dull and achy low back pain that she rates her pain 4 to 5 out of 10 on the pain scale. The injured worker has complaints of burning and stabbing pain in her neck which she rates 4 out of 10 on the pain scale and has complaints of pain in her legs and feet which she rates at 5 out of ten. Cervical spine examination revealed significant tenderness to palpation to the upper trapezius muscle and paraspinal muscles. Forward flexion is 40 degrees, extension is 20 degrees and rotation is 70 degrees. Full shoulder motion is accompanied by trapezius tenderness and pain. Lumbar spine examination revealed reduced range of motion with 15 degrees of forward flexion, 5 degrees of extension, 10 degrees right lateral bending and 5 lateral bending with increase pain to the left hip and groin area. There is pain on straight leg raise testing to approximately 60 degrees on the left and 75 degrees on the right. The diagnoses have included spondylolisthesis, L5-S1 (sacroiliac) with left-sided radiculopathy; mild right shoulder impingement syndrome; chronic cervicgia with cervical sprain and strain and lumbar discopathy. Treatment to date has included tramadol creams which she states are helping; paying out of pocket to go the acupuncture therapy with good relief and toradol injection. The original utilization review (8-20-15) non-certified the request for flurbiprofen, gabapentin, lidocaine, baclofen, cyclobenzaprine 20, 6, 5, 2, 2% cream apply 1-2 grams to the affected area three times to four times a day #180 gram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/ Gabapentin/ Lidocaine/ Baclofen/ Cyclobenzaprine 20/6/5/2/2% cream apply 1-2 grams to the affected area TID-QID #180gm: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flurbiprofen 20%, Gabapentin 6%, Lidocaine 5%, Baclofen 2%, Cyclobenzaprine 2% cream apply 1 to 2 g TID / QID #180 g is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Other than Lidoderm, no other commercially approved topical formulation of Lidocaine whether cream, lotions or gels are indicated for neuropathic pain. In this case, the injured worker's working diagnoses are spondylolisthesis L5-S1 with left sided radiculopathy; right shoulder impingement; chronic cervicalgia; and lumbar discopathy. Date of injury is October 22, 2001. Request for authorization is August 20, 2015. According to a progress note dated July 17, 2015, the worker complains of low back pain 5/10 that radiates to the legs and feet. Objectively, range of motion is decreased. The treating provider is requesting topical analgesics for neuropathic and musculoskeletal pain. Flurbiprofen is not FDA approved for topical use. Gabapentin is not recommended. Baclofen is not recommended. Cyclobenzaprine is not recommended. Lidocaine in non-Lidoderm form is not recommended. Any compounded product that contains at least one drug (Flurbiprofen, Gabapentin, Cyclobenzaprine, Baclofen and topical Lidocaine in cream form) that is not recommended is not recommended. Consequently, Flurbiprofen 20%, Gabapentin 6%, Lidocaine 5%, Baclofen 2%, and Cyclobenzaprine 2% cream apply 1 to 2 g TID / QID #180 is not recommended. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, Flurbiprofen 20%, Gabapentin 6%, Lidocaine 5%, Baclofen 2%, Cyclobenzaprine 2% cream apply 1 to 2gm TID / QID #180gm is not medically necessary.