MAXIMUS Federal Services

| Case Number: | CM15-0177683 | | |
|---|---|---|---|
| Date Assigned: | 09/18/2015 | Date of Injury: | 10/11/2013 |
| Decision Date: | 10/21/2015 | UR Denial Date: | 08/12/2015 |
| Priority: | Standard | Application Received: | 09/09/2015 |

## 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: North Carolina
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 30 year old male who sustained an industrial injury on October 11, 2013. An initial primary treating evaluation dated July 01, 2015 reported chief subjective complaint of back pain. Per the worker he takes "Tramadol for the pain as needed." The pain is noted radiating to the bilateral lower extremities but with less numbness and tingling than initial complaint. The impression noted the following diagnoses applied: lumbar disc annular tear with large myelopathy in the lumbar spine and lumbar radiculitis with radiculopathy to the bilateral lower extremities. The following medications noted renewed this visit: Baclofen, Diclofenac, and Omeprazole. He is also referred for pain management consultation for possible injection therapy and surgical consultation. Previous treatment to include: activity modification, course of physical therapy, and medications. Primary follow up dated March 17, 2015 reported the worker without any subjective complaint of radiating pain into the lower extremity. The pain is described as back pain, lower. The plan of care is with recommendation for a course of physical therapy, administration of lumbar epidural injection and dispensed the following: Anaprox DS, Prilosec, Flexeril, and Amrix ER.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 20 Percent, Cyclobenzaprine 5 Percent 180 Grams Jar Apply 2-3 Grams BID Qty 1: 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 California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. 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; (Namaka, 2004) these agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) 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. The requested medication contains ingredients (cyclobenzaprine), which are not indicated per the California MTUS for topical analgesic use. Therefore the request is not medically necessary.

**Dextromethorphan 10 Percent, Gabapentin 10 Percent, Bupivacaine 5 Percent, Camphor 2**
**Percent, Menthol 2 Percent 180 Grams Apply 2-3 Grams BID Qty 1:** 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 California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. 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; (Namaka, 2004) these agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) 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. The requested medication contains ingredients (gabapentin), which are not indicated per the California MTUS for topical analgesic use. Therefore the request is not medically necessary.