

<b>Case Number:</b>	CM15-0049499		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	07/01/2008
<b>Decision Date:</b>	05/14/2015	<b>UR Denial Date:</b>	02/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/16/2015

### 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: Pennsylvania  
 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:

This 58 year old man sustained an industrial injury on 7/1/2008. Diagnoses include left shoulder impingement without rotator cuff tear, cervical discopathy, lumbar discopathy, right knee internal derangement with meniscal tear, and cervical brachial syndrome. Treatment has included oral and topical medications, cervical spine epidural steroid injection, chiropractic treatment, physical therapy, and knee surgery. Magnetic resonance imaging of the cervical spine on 7/16/12 showed multilevel spondylitic changes worst at C5-6 with mild narrowing of the central canal and mild left neural foraminal narrowing. Physician notes dated 1/23/2015 show complaints of right knee, neck, low back, and left shoulder pain rated 6-8/10. Examination showed painful cervical extension, head compression was mildly positive, limited cervical range of motion, intact sensation and deep tendon reflexes, and normal upper extremity strength. The injured worker was taking pantoprazole and hydrocodone and using creams, which were noted to help. The injured worker was noted to be presently working. Treatment plan was noted as cervical spine epidural injections, chiropractic therapy, Lidoderm patches, two topical creams, and follow up in two months. On 2/17/15, Utilization Review (UR) non-certified requests for Lidoderm patches, flurbiprofen/baclofen/cyclobenzaprine cream, gabapentin/cyclobenzaprine/ ketoprofen/ capsaicin/menthol/camphor cream, and cervical spine ESI, citing the MTUS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm patches #30 (3 boxes, one patch per day): Upheld**

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

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

**Decision rationale:** Topical lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first line therapy with tricyclic or serotonin/norepinephrine reuptake inhibitor antidepressants or an antiepileptic drug such as gabapentin or Lyrica. Topical lidocaine in dermal patch form (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain, and further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Topical lidocaine other than Lidoderm is not recommended per the MTUS. This injured worker had chronic neck, back, knee, and shoulder pain. The site of application of the requested lidoderm patches was not specified. There was no documentation of trial of first line agents or of neuropathic pain. Due to lack of indication, the request for lidoderm patches is not medically necessary.

**Flurbiprofen/Baclofen/Cyclobenzaprine Cream: Upheld**

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

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

**Decision rationale:** Per the MTUS, topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. If any compounded product contains at least one drug or drug class that is not recommended, the compounded product is not recommended. Topical NSAIDs are indicated for osteoarthritis and tendinitis, in particular that of the knee and elbow or other joints that are amenable to topical treatment. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. Topical nonsteroidals are not recommended for neuropathic pain. Note that topical flurbiprofen is not FDA approved, and is therefore experimental and cannot be presumed as safe and efficacious. Non-FDA approved medications are not medically necessary. In addition, there was also a prescription for a second topical NSAID, which is duplicative and potentially toxic. Cyclobenzaprine is a muscle relaxant. The MTUS notes that there is no evidence for use of muscle relaxants as topical products. Baclofen is not recommended in topical form. There was no documentation of neuropathic pain or of trial and failure of antidepressants or anticonvulsants. As none of the ingredients in this compounded topical medication are recommended, the compound is not recommended. As such, the request for Flurbiprofen/Baclofen/Cyclobenzaprine Cream is not medically necessary.

## **Gabapentin/Cyclobenzaprine/Ketoprofen/Capsaicin/Menthol/Camphor Cream: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Uptodate: camphor and menthol: drug information. In UpToDate, edited by Ted. W. Post, published by UpToDate in Waltham, MA, 2015.

**Decision rationale:** Per the MTUS, topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. If any compounded product contains at least one drug or drug class that is not recommended, the compounded product is not recommended. Gabapentin is an antiepileptic drug and is not recommended in topical form; there is no peer-reviewed literature to support use. Cyclobenzaprine is a muscle relaxant. The MTUS notes that there is no evidence for use of muscle relaxants as topical products. Ketoprofen, a nonsteroidal anti-inflammatory agent (NSAID), is not currently FDA approved for topical application. It has a high incidence of photocontact dermatitis. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder, and topical NSAIDs are not recommended for neuropathic pain. As topical ketoprofen is not FDA approved, it is therefore experimental and cannot be presumed as safe and efficacious. Non-FDA approved medications are not medically necessary. In addition, there was an additional prescription for a compound containing a different NSAID, which is duplicative and potentially toxic. Capsaicin has some indications, in the standard formulations readily available without custom compounding. The MTUS also states that capsaicin is only recommended when other treatments have failed. The treating physician did not discuss the failure of other, adequate trials of conventional treatments. It may be used for treatment of osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in high doses. The MTUS and ODG are silent with regard to menthol and camphor. They may be used for relief of dry, itchy skin. These agents carry warnings that they may cause serious burns. There was no documentation of neuropathic pain or of trial and failure of antidepressants or anticonvulsants. As multiple agents in this compounded topical product are not recommended, the compound is not recommended. As such, the request for Gabapentin/Cyclobenzaprine/Ketoprofen/Capsaicin/Menthol/Camphor Cream is not medically necessary.

## **Cervical Spine ESI: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injections Page(s): 46.

**Decision rationale:** The MTUS, chronic pain section, page 46 describes the criteria for epidural steroid injections. Epidural injections are a possible option when there is radicular pain caused

by a radiculopathy documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. There must be documentation of failure of conservative treatment such as exercises, physical methods, nonsteroidal anti-inflammatory agents, and muscle relaxants. An epidural steroid injection must be at a specific side and level. The side and level to be injected were not specified. There are insufficient clinical findings of radiculopathy, such as dermatomal sensory loss or motor deficits correlating with a specific lesion identified by objective testing. The MRI shows no nerve root compression, and there are no clinical findings, which correlate with the MRI. The MTUS recommends that any repeat injection be considered based on the degree of pain relief and functional improvement 6-8 weeks after the initial injection. The documentation notes that prior cervical epidural steroid injection was performed, but the date, level, and outcome were not discussed. Due to insufficiently specific prescription, which lacked side and level to be injected, lack of findings of radiculopathy, and lack of documentation of functional improvement as a result of prior cervical epidural steroid injection, the request for cervical ESI is not medically necessary.