

<b>Case Number:</b>	CM15-0094419		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	06/18/2014
<b>Decision Date:</b>	06/26/2015	<b>UR Denial Date:</b>	04/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2015

### 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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 36 year old female, who sustained an industrial injury on 6/18/14. The injured worker has complaints of low back pain that radiates down her right leg to her knee. The documentation noted that there is limited range of motion of the lumbar spine and flexion and extension of 20 degrees are limited by pain and there is tenderness to palpation in the lumbar paraspinals. The documentation noted that the straight leg raise is positive. The diagnoses have included lumbar radiculitis; lumbar strain; quadratus lumborum strain; ligament/muscle strain and spasm and multiple trigger points in the lumbar spine. Treatment to date has included acupuncture treatment; home exercise program and medications. The request was for 1 container of topical compound medication flurbi (NAP) cream-180 grams (Flurbiprofen 20%, Lidocaine 5%, Amitriptyline 4%); 1 container of topical compound medication gabacyclotram 180 grams (Gabapentin 10%, Cyclobenzaprine 6%, Tramadol 10%) and 1 bottle of terocin 120ml (Capsaicin 0.025%, Methyl Salicylate 25%, Menthol 10%, Lidocaine 2.5%).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 container of topical compound medication Flurbi (NAP) cream-180 grams (Flurbiprofen 20%, Lidocaine 5%, Amitriptyline 4%): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 111-113 of 127.

**Decision rationale:** Regarding the request for Flurbi (NAP) cream, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Topical NSAIDs are indicated for "Osteoarthritis and tendonitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Topical lidocaine is "Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)." Additionally, it is supported only as a dermal patch. Guidelines do not support the use of topical antidepressants. Within the documentation available for review, none of the abovementioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient, despite guideline recommendations. In light of the above issues, the currently requested Flurbi (NAP) cream is not medically necessary.

**1 container of Topical compound medication Gabaclyotram 180 grams (Gabapentin 10%, Cyclobenzaprine 6%, Tramadol 10%): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 111-113 of 127.

**Decision rationale:** Regarding the request for Gabaclyotram, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Muscle relaxants drugs are not supported by the CA MTUS for topical use. Tramadol is not supported in topical form. Regarding topical gabapentin, Chronic Pain Medical Treatment Guidelines state that topical anti-epileptic medications are not recommended. They go on to state that there is no peer-reviewed literature to support their use. Within the documentation available for review, none of the abovementioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient, despite guideline recommendations. In light of the above issues, the currently requested Gabaclyotram is not medically necessary.

**1 bottle of Terocin 120ml (Capsaicin 0.025%, Methyl Salicylate 25%, Menthol 10%, Lidocaine 2.5%): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 111-113 of 127.

**Decision rationale:** Regarding the request for Terocin, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Capsaicin is "Recommended only as an option in patients who have not responded or are intolerant to other treatments." Topical lidocaine is "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)." Additionally, it is supported only as a dermal patch. Within the documentation available for review, none of the above mentioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient, despite guideline recommendations. In light of the above issues, the currently requested Terocin is not medically necessary.