

<b>Case Number:</b>	CM15-0098549		
<b>Date Assigned:</b>	05/29/2015	<b>Date of Injury:</b>	11/18/2002
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	04/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2015

### 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: Physical Medicine & Rehabilitation

### 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 51 year old male with an industrial injury dated 11/18/2002. The injured worker's diagnoses include lumbar discopathy and status post lumbar microdiscectomy and decompression. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 3/31/2015, the injured worker reported low back pain. The injured worker rated his pain intermittently a 5/10 with some intermittent numbness and tingling to the left greater than the right lower extremity. The injured worker also reported mild aching pain in the bilateral hips and aching pain in the right foot. Objective findings revealed lumbar spine midline tenderness, spasm and tightness around the L4-5 area, right sciatic notch tenderness, and positive straight leg raise. The treatment plan consisted of medication management. The treating physician prescribed Gabapentin 10%/Amitriptyline 10%/Bupivacaine 5%/Hyaluronic Acid 0.32% in cream base and Flurbiprofen 20%/Baclofen 10%/Dexamethasone 2%/Hyaluronic Acid 0.2% in cream base, now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 10%/Amitriptyline 10%/Bupivacaine 5%/Hyaluronic Acid 0.32% in cream base: 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 analgesic Page(s): 111-113.

**Decision rationale:** The patient presents with low back, bilateral hip and right foot pain. The physician is requesting Gabapentin 10%/ Amitriptyline 10%/Bupivacaine 5%/ Hyaluronic Acid 0.2% In Cream Base. The RFA dated 03/31/2015 shows a request for gabapentin 10%/ amitriptyline 10%/ bupivacaine 5%/ hyaluronic acid 0.2% in cream base. The patient is permanent and stationary. The MTUS guidelines page 111 on topical analgesics states that it is largely experimental in use with few randomized controlled trials to determine efficacy or safety. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS further states, Any compounded product that contains at least one drug, or drug class, that is not recommended is not recommended. The patient does not have any prior medication history with this topical compound. Per the 03/31/2015 report, there is tenderness, spasm and tightness around the L4-L5 area. Some sciatic notch tenderness was also noted. Straight leg raise is positive. Neurological exam was intact. The physician does not discuss how this topical will be used and for which body part. Gabapentin is not supported in topical formulation. MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. This request does not meet guideline criteria. The request is not medically necessary.

**Flurbiprofen 20%/Baclofen 10%/Dexamethason 2%/Hyaluronic Acid 0.2% in cream base:** 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 analgesic Page(s): 111-113.

**Decision rationale:** The patient presents with low back, bilateral hip and right foot pain. The physician is requesting Flurbiprofen 20%/ Baclofen 10%/ Dexamethason 2%/ Hyaluronic Acid 0.2% In Cream Base. The RFA dated 03/31/2015 shows a request for flurbiprofen 20%/ baclofen 10%/ dexamethason 2%/ hyaluronic acid 0.2% in cream base. The patient is permanent and stationary. The MTUS guidelines page 111 on topical analgesics states that it is largely experimental in use with few randomized controlled trials to determine efficacy or safety. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS further states: Any compounded product that contains at least one drug, or drug class, that is not recommended is not recommended. The patient does not have any prior medication history with this topical compound. Per the 03/31/2015 report, there is tenderness, spasm and tightness around the L4-L5 area. Some sciatic notch tenderness was also noted. Straight leg raise is positive. Neurological exam was intact. The physician does not discuss how this topical will be used and for which body part. Gabapentin is not supported in topical formulation. MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. This request does not meet guideline criteria. The request is not medically necessary.