

<b>Case Number:</b>	CM13-0026900		
<b>Date Assigned:</b>	02/14/2014	<b>Date of Injury:</b>	10/18/2008
<b>Decision Date:</b>	05/21/2014	<b>UR Denial Date:</b>	09/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/20/2013

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is an employee of [REDACTED] and has filed a claim for cervical and lumbar spine strain/sprain associated with an industrial injury date of October 18, 2008. A utilization review from September 3, 2013 denied the request for Gabapen / Cycloben 10% / 10% 120ML due to compounded medication being largely experimental. The treatment to date has included opioid and non-opioid pain medications and physical therapy. Medical records from 2012 through 2013 were reviewed showing the patient complaining of neck pain with radiation to the upper extremities. There is also mid/upper back and lower back pain with radiation to the lower extremities. The December 2013 progress note documents the pain increasing from 7/10 to 8/10 for the neck and 7/10 to 9/10 for the mid/upper back and lower back. Physical exam demonstrated restricted range of motion of the cervical spine, thoracic spine, and lumbar spine. Neurological exam did not document any abnormal findings.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**GABAPEN / CYCLOBEN 10% / 10% 120ML, (DOS:10/12/12):** 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:** As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Gabapentin is not recommended for use as a topical analgesic. Likewise, Cyclobenzaprine has no evidence for use as a topical product. In this case, the patient is noted to have chronic neck and back pain. The patient has been using the requested compound medication since November 2012. However, there has been no discussion concerning the variance from the guidelines would regards to the compound medication the requested. Therefore, the request for Gabapen / Cycloben 10% / 10% 120ML is not medically necessary.