

<b>Case Number:</b>	CM13-0045238		
<b>Date Assigned:</b>	03/31/2014	<b>Date of Injury:</b>	08/24/2011
<b>Decision Date:</b>	05/23/2014	<b>UR Denial Date:</b>	10/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 Orthopedic Surgery, 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:

This is a 59-year-old gentleman who was injured 08/24/11. Recent clinical record for review includes a 10/04/13 progress report indicating subjective complaints of headaches, nausea, and low back pain. There was noted to be radiating pain to the right leg. Physical examination findings showed neurological evaluation to be without finding. There was tenderness to palpation about the cervical spine as well as lumbar spine with restricted range of motion at endpoints. There was no documentation of motor weakness or further clinical findings noted. The claimant was diagnosed with displacement of the cervical intervertebral discs from C2-3 through C6-7. Cervical radiculitis, cervical facet joint syndrome, lumbar facet joint syndrome with lumbar spinal stenosis and displacement of intervertebral discs from L2-3 through L5-S1. Records indicate continued use of conservative measures to include topical compounding agents. The first of which consisting of Flurbiprofen, Lidocaine, Amitriptyline and the second containing Gabapentin, Cyclobenzaprine, Tramadol and PCCA.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CMPD-Flurbipro/Lidocaine/Amitripty/PCCA Lipo, day supply of 20, quantity 180:**  
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:** The topical compound containing Flurbiprofen, Lidocaine, Amitriptyline would not be indicated. California MTUS Chronic Pain Medical Treatment guidelines indicate that topical compound and analgesics are largely experimental with few randomized clinical trials demonstrating efficacy and/or safety. In regards to the specific agents being utilized, Flurbiprofen would not be indicated. The only current FDA approved agent for topical use from a nonsteroidal point of view is Diclofenac. There would also be no indication for the role or Lidocaine, which is typically only recommended as a peripheral second line agent following a trial of first line therapy that would have included Tricyclic anti-depressants or agents such as Gabapentin or Lyrica. The claimant's clinical findings do not demonstrate neuropathic presentation. The role of the topical compound containing these agents would thus not be supported.

**CMPD-Gabapenti/Cyclobenz/Tramadol/PCCA Lipo, day supply of 20, quantity 180:**  
Upheld

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

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

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines would also not support the role of topical compound containing Gabapentin, Cyclobenzaprine, and Tramadol. Currently the role of Gabapentin and muscle relaxants are not recommended in the topical setting. There is current no evidence for use of muscle relaxants or Gabapentin as an effective agent for topical use. The lack of support for these two agents would fail to necessitate the use of the topical agent as a whole.