

<b>Case Number:</b>	CM13-0047362		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/02/1999
<b>Decision Date:</b>	05/22/2014	<b>UR Denial Date:</b>	10/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/01/2013

### 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 Physical Medicine and Rehabilitation has a subspecialty in Interventional Spine 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 case involves a 59 year-old female with a 4/2/1999 industrial injury claim. She has been diagnosed with left knee meniscal tear, s/p arthroscopy; spinal contusion; spinal strain; L4/5 disc protrusion; right knee contusion; wrist contusion; s/p right hip surgery 8/8/09; right trochanteric bursitis; anxiety and depression, hypertension, sleep disturbance; GI disorder. According to the 9/6/13 orthopedic report from [REDACTED], the patient presents with low back and knee pain. She has lost 10 lbs and works modified duty. She walks with a cane. On 10/3/13 UR recommended non-certification for compounded topical medications and modified the use of zolpidem from #30 to allow #15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FLURBIPROFEN/CYCLEBENZAPRINE 15/10% CREAM #180 GM:** 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 patient presents with low back and knee pain. I have been asked to review for a compound topical medication consisting of flurbiprofen and cyclobenzaprine. On page 111, under topical analgesics, MTUS gives a general statement about compounded products: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The compounded topical contains cyclobenzaprine, a muscle relaxant. MTUS discusses topical muscle relaxants noting a study on baclofen, but states: Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. The use of the compounded topical that contains cyclobenzaprine is not in accordance with MTUS guidelines and the request is non certified.

**TRAMADOL/GABAPENTIN/MENTHOL/CAMPHOR 8/10/2/2% CREAM #180 GM:**

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 patient presents with low back and knee pain. I have been asked to review for a compound topical medication consisting of tramadol, gabapentin, menthol and camphor. MTUS states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The compounded topical contains gabapentin. MTUS specifically states topical gabapentin is not recommended. Therefore the whole compounded topical that contains gabapentin is not recommended.

**Zolpidem 10 mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), CHRONIC PAIN CHAPTER, ZOLPIDEM (AMBIEN).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), CHRONIC PAIN CHAPTER, (ONLINE), ZOLPIDEM.

**Decision rationale:** The patient presents with low back and knee pain. I have been asked to review for continued use of zolpidem. The records show the patient has been using this medication since at least 6/7/13. MTUS did not discuss Ambien/zolpidem, so ODG guidelines were consulted. ODG states medication this is only for short-term use, 2-6 weeks. The continued use of zolpidem for over 3-months is not in accordance with ODG guidelines and is non certified.