

<b>Case Number:</b>	CM13-0048208		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	02/27/2013
<b>Decision Date:</b>	03/29/2014	<b>UR Denial Date:</b>	10/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine & Emergency Medicine, and is licensed to practice in Florida. 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 physician 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 patient is a 53 year-old with a date of injury of 02/27/13. The mechanism of injury was not described but was to the right shoulder. A progress report included by [REDACTED], dated 07/15/13, identified subjective complaints of right shoulder pain made worse with range-of-motion. Objective findings included tenderness and weakness of the right shoulder. Treatment has included injection, home exercises, and NSAIDs (Non-steroidal Anti-inflammatory Drugs). A Utilization Review determination was rendered on 10/23/13 recommending non-certification of "Flurbiprofen 20%/Gabapentin 10%/Cyclobenzaprine 10%/Tramadol 20% cream for the right shoulder".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Flurbiprofen 20%/Gabapentin 10%/Cyclobenzaprine 10%/Tramadol 20% cream for the right shoulder DOS 9-17-2013: 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:** Flurbiprofen 20%/Gabapentin 10%/Cyclobenzaprine 10%/Tramadol 20% cream is a compounded topical analgesic consisting of an NSAID (flurbiprofen), an anti-epilepsy drug (gabapentin), a muscle relaxant (cyclobenzaprine) and a centrally acting opioid analgesic (tramadol). The California Medical Treatment Utilization Schedule (MTUS) states that topical analgesics are primarily recommended when other modalities could not be tolerated or have failed. They are primarily recommended for neuropathic pain. The efficacy of topical Non-Steroidal Anti-Inflammatory Drugs (NSAID)'S in osteoarthritis has been inconsistent. They have been shown to be superior to placebo during the first two weeks of treatment, but either not afterward, or with diminishing effect over another two week period. The Guidelines also state that there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. In neuropathic pain, they are not recommended as there is no evidence to support their use. The only FDA approved topical NSAID is diclofenac. The Guidelines further state: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Therefore, there is no necessity for addition of flurbiprofen in the topical formulation for this patient. The MTUS Guidelines also state that gabapentin is: "Not recommended. There is no peer-reviewed literature to support use." The Guidelines further state: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Therefore, there is no necessity for the addition of gabapentin in the topical formulation for this patient. The MTUS Guidelines also state that there is no evidence for baclofen or any other muscle relaxant as a topical product. The Guidelines further state: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Therefore, there is no necessity for the addition of cyclobenzaprine in the topical formulation for this patient. Therefore, the record does not support the medical necessity for the requested compounded agent.