MAXIMUS Federal Services

| Case Number: | CM13-0065467 | | |
|---|---|---|---|
| Date Assigned: | 01/03/2014 | Date of Injury: | 07/15/2010 |
| Decision Date: | 05/16/2014 | UR Denial Date: | 12/02/2013 |
| Priority: | Standard | Application Received: | 12/13/2013 |

## 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 & Rehabilitation 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 a 57 year old male who was injured on 07/15/2010. The mechanism of injury is unknown. The patient was taking the following medications as of 11/14/2013: Omeprazole, Tizanidine, Flurbiprofen, and Cyclobenzaprine/Gabapentin cream. The patient felt both were helping to increased his function until more surgery is authorized. A PR2 dated 10/30/2013 indicated the patient noted that his bloating remained the same with slight improvement in gastritis; acid reflex remained the same, and hemorrhoids slightly improving. He reported nausea remaining the same. The patient also reported that his constipation remained the same with medication and swallowing remained the same. The patient was diagnosed with gastritis; reflux esophagitis; duodentis; large 7-cm Hiatal hernia; dysphagia; irritable bowel syndrome; internal hemorrhoids; status post H. pylori infection; weight gain; and sleep disorder. The patient's medications were refilled which were Dexilant, App-Trim, Sentra AM and Sentra PM. A PR2 dated 11/06/2013 indicated the patient presented with complaints of bilateral low back pain which began after eth accident. He considered this condition as moderate to severe and rated the pain as a 9 on a scale of 0 to 10 with 10 being the worst. This symptom consisted of mid back pain which began after the accident. He rated his pain as on 8. He had constant bilateral posterior neck pain which began after the accident. The pain was described as an 8. The left shoulder pain was rated a 7. He rated his right shoulder pain as an 8; right knee pain as an 8; temporal headaches throughout which he was having 3 to 4 times a week. He rated the pain as an 8. He had gastritis from medical consumption. He rated this condition as a 7. The patient stated that this had resolved. He will need hernia surgery for a hiatal hernia per his gastroenterologist. He also has vertigo/dizziness which he rated symptoms as zero. The patient was diagnosed with lumbar facet syndrome; Cervicobrachial syndrome; post OP-left shoulder; bilateral shoulder

tenosynovitis; thoracalgia; dizziness with vertigo; tenosynovitis of the right knee; and post-traumatic gastritis from medication.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**GABAPENTIN CYCLOBENZAPRINE CREAM:** Upheld

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

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

**Decision rationale:** According to the MTUS Chronic Pain Guidelines, topical analgesics are largely experimental in use. They are "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate." The requested Gabapentin Cyclobenzaprine cream contains two ingredients which are not recommended according to the guidelines on topical analgesics. Gabapentin is not recommended as there is no peer reviewed literature to support its use. Cyclobenzaprine is not recommended according to the MTUS Chronic Pain Guidelines as there is no evidence for use of any other muscle relaxant as a topical product. Based on the drug compound and the cited guidelines, the request is not medically necessary and appropriate.