

<b>Case Number:</b>	CM13-0069710		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	04/05/2002
<b>Decision Date:</b>	05/23/2014	<b>UR Denial Date:</b>	12/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2013

### 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 Emergency Medicine and is licensed to practice in New York. 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 40-year-old male who was injured on April 5, 2002. The patient continued to experience lower back pain bilaterally radiating into his legs bilaterally. Physical examination was notable for tenderness over the lumbar facets L3-S1, tenderness over the lumbar paraspinal muscles with trigger points, negative straight leg raise bilaterally and normal sensation to touch in the bilateral lower extremities. Diagnoses included lumbar facet arthropathy, post lumbar laminectomy syndrome, and chronic pain. Treatment included medications and aquatic therapy without benefit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **RETROSPECTIVE COMPOUND GABAPENTIN/CYCLOBENZAPRINE, DURATION AND FREQUENCY UNKNOWN: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PAIN INTERVENTIONS AND TREATMENTS Page(s): 111-112.

**Decision rationale:** The requested medication is a topical analgesic containing gabapentin/cyclobenzaprine. Topical analgesics are recommended for neuropathic pain when

anticonvulsants and antidepressants have failed. Compounded topical analgesics are commonly prescribed and there is little to no research to support the use of these compounds. Furthermore, the guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain and has FDA approval for treatment of post-herpetic neuralgia. Gabapentin is not recommended as a topical analgesic. There is no peer-reviewed literature to support use. Cyclobenzaprine is a muscle relaxant. There is no evidence for use of this muscle relaxant as a topical product. The compounded medication contains two drugs that are not recommended. Therefore, it is not medically necessary.

**RETROSPECTIVE COMPOUND TRAMADOL/FLURBIPROFEN, DURATION AND FREQUENCY UNKNOWN:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**Decision rationale:** The requested medication is a topical product with tramadol and flurbiprofen. Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. Compounded topical analgesics are commonly prescribed and there is little to no research to support the use of these compounds. Furthermore, the guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Tramadol is a synthetic opioid affecting the central nervous system. It has several side effects which include increasing the risk of seizure in patients taking SSRI's, TCA's and other opioids. It is not recommended as a topical analgesic. Flurbiprofen is a non-steroidal anti-inflammatory drug (NSAID). Flurbiprofen is recommended as an oral agent for the treatment of osteoarthritis and the treatment of mild to moderate pain. It is not recommended as a topical preparation. The compounded medication contains two drugs that are not recommended. Therefore, it is not medically necessary.