

<b>Case Number:</b>	CM14-0002433		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	01/07/2012
<b>Decision Date:</b>	06/12/2014	<b>UR Denial Date:</b>	12/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2014

### 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 Sports Medicine, and is licensed to practice in Texas. 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 injured worker is a 52 year old female who reported an injury on 7/7/12. The mechanism of injury was not provided for review. The clinical notes provided for review state that the injured worker has a history of neck and low back pain. The injured worker's medication regimen included Vicodin, Flexeril, Omeprazole, and Genocin. The physical examination of the cervical spine performed on 11/27/2013 demonstrated +3 tenderness to palpation of the paravertebral muscles with muscle spasms noted. The diagnoses included cervical sprain/strain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CREAMS: FLURBIPROFEN 30 GRAMS (FLURBIPROFEN 20%/ TRAMADOL 20%); AND GABAPENTIN 30 GRAMS (GABAPENTIN 10%/ AMITRYPTILLINE 10%/ DEXAMETHORPHAN 10%): Upheld**

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

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

**Decision rationale:** The California MTUS Guidelines state that topical NSAIDs may be useful for chronic musculoskeletal pain, but there are no long term studies of their effectiveness or

safety. In addition, topical NSAIDs are not recommended for neuropathic pain, as there is no evidence to support their use. The guidelines also note topical NSAIDs are recommended for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment; however, there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The guidelines also state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines note that gabapentin is not recommended for topical application. The specific sites at which the topical medications would be utilized were unclear within the provided documentaiton. It was unclear why the injured worker would require Tramadol and Amitriptyline in a cream form as opposed to an oral medication. As such, the request is not medically necessary.