

<b>Case Number:</b>	CM14-0100647		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	08/02/2012
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	06/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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 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 57 year-old patient sustained an injury on 8/2/12 from tripping over a raised edge of a stage floor while employed by [REDACTED]. Request(s) under consideration include Transdermal Cyclobenzaprine/ Gabapentin. Report of 5/13/14 from the provider noted patient with ongoing chronic low back pain rated at 5/10 associated with tingling and tightness; shoulder pain rated at 4/10 radiating into left arm; bilateral wrist pain; occasional insomnia; neck pain as 6/10; right knee pain at 3/10 and right ankle at 1/10. Exam showed lumbar spine with tender range; negative SLR and positive Patrick-Fabere; tender cervical spine range with positive compression test; positive Neer's and Hawkin's with 5/5 motor strength in upper and lower extremities. Diagnoses include lumbar disc displacement without myelopathy; sacroilitis; thoracalgia; wrist tenosynovits; bilateral cervicalgia; shoulder impingement rule out derangement; probable post-traumatic insomnia, anxiety, depression, and constipation. The request(s) for Transdermal Cyclobenzaprine/Gabapentin was non-certified on 6/11/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transdermal Cyclobenzaprine/Gabapentin:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) Page(s): 111-113.

**Decision rationale:** Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with spinal and multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this chronic injury of 2012 without documented functional improvement from treatment already rendered. The Transdermal Cyclobenzaprine/Gabapentin is not medically necessary and appropriate.