

<b>Case Number:</b>	CM14-0106474		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	03/12/2009
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	06/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2014

### 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 Occupational Medicine 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 36-year-old female who has submitted a claim for cervical sprain/strain, headaches, bilateral shoulder sprain / strain, bilateral shoulder rotator cuff syndrome, bilateral wrist sprain / strain, and lumbar sprain / strain with radiculopathy associated with an industrial injury date of 3/12/2009. The patient complained of neck and back pain, radiating to bilateral upper and lower extremities, respectively, rated 9/10 in severity. The patient likewise experienced bilateral shoulder and bilateral wrist pain, associated with numbness. A physical examination showed tenderness and muscle spasm at the paracervical and paralumbar muscles. Range of motion was restricted at both shoulder and both wrists. Treatment to date has included trigger point injections, physical therapy, and medications such as Tramadol, Prilosec, and topical creams. Utilization review from 6/23/14 denied the request for Cyclobenzaprine 2%, Gabapentin 10%, Flurbiprofen 15%, 210gm because of limited published studies concerning its efficacy and safety.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 2%, Gabapentin 10%, Flubiprofen 15%, 210gm.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Updated 04/10/14: Voltaren Gel.

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

**Decision rationale:** As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Cyclobenzaprine is not recommended for use as a topical analgesic. The California MTUS does not support the use of opioid medications and Gabapentin in a topical formulation. Topical NSAIDs formulation is only supported for Diclofenac in the California MTUS. In addition, there is little to no research as for the use of Flurbiprofen in compounded products. In this case, topical cream is prescribed as adjuvant therapy to oral medications. However, the prescribed medication contains Cyclobenzaprine, Gabapentin, and Flurbiprofen, which are not recommended for topical use. Guidelines state that any compounded product that contains a drug class, which is not recommended, is not recommended. Therefore, the request for Cyclobenzaprine 2%, Gabapentin 10%, and Flurbiprofen 15%, 210gm is not medically necessary.