

<b>Case Number:</b>	CM14-0011922		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	03/27/2013
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	01/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2014

### 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 Anesthesiology, has a subspecialty in Pain Management is licensed to practice in Tennessee. 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 is a 64-year-old female with a 3/27/13 date of injury. The mechanism of injury was not noted. In a 2/14/14 progress note the patient still had significant pain of the right lower extremity rated 7/10 on a pain scale of 0-10. Physical examination shows very slight diffused allodynia throughout the right lower extremity. Diagnostic impression: Complex regional pain syndrome, right lower extremity. Treatment to date: medication management, activity modification, TENS unit. A UR decision dated 1/14/14 denied the request for gabapentin/cyclobenzaprine topical cream. Guidelines indicate that topical medications are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no evidence that this patient has tried and failed oral medications to include antidepressants and anticonvulsants for her neuropathic pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for medications gabapentin /cyclobenzaprine (duration unknown and frequency unknown) dispensed on 12/05/2013 for treatment of the right foot ankle and 5th toe: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Compounded Medications Page(s): 121-122.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25, 28, 111-113.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Guidelines do not support the use of gabapentin or cyclobenzaprine in a topical formulation. A specific rationale identifying why gabapentin/cyclobenzaprine topical cream would be required in this patient despite lack of guideline support was not provided. Therefore, the request for Retrospective Request For Medications Gabapentin /Cyclobenzaprine (Duration Unknown And Frequency Unknown) Dispensed On 12/05/2013 For Treatment Of The Right Foot Ankle And 5th Toe was not medically necessary.