

<b>Case Number:</b>	CM14-0113390		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	01/30/2013
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	06/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2014

### 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:

The injured worker is a 44-year-old female who was injured on 01/30/2013. The mechanism of injury is unknown. Diagnostic studies reviewed include MRI of the lumbar spine dated 4/08/2014, which demonstrated disc desiccation at L3-L4; posterior disc herniation at L3-L4 and L4-L5; and diffuse disc herniation causing crowding of bilateral neural foramen at L5-S1. The MRI of the cervical spine dated 4/08/2014 revealed disc desiccation at C2-C3 down to C6-C7; posterior disc herniation at C5-C6; and straightening of the normal cervical lordosis which may be positional in nature. A progress report dated 4/03/2014 documented the patient to have complaints of constant low back pain with associated numbness and tingling rated as 8/10 without medications and 7/10 with medications. Her pain is aggravated by activities and relieved with rest and medications. She also complained of left shoulder pain and neck pain rated as a 7/10, mid-back pain, and pain in bilateral eyes. She reported loss of sleep due to the pain, anxiety and depression. On exam, the cervical spine revealed tenderness and myospasm palpable over bilateral paracervical muscles and bilateral trapezius muscles. She has decreased range of motion in all planes due to end range neck pain. Her flexion is to 45 degrees; extension to 55 degrees; right rotation to 70 degrees; left rotation to 70 degrees; and lateral bending to 40 degrees bilaterally. The lumbar spine range of motion revealed flexion to 45 degrees; extension to 20 degrees; rotation to 20 degrees bilaterally; and lateral bending to 15 degrees bilaterally. She is diagnosed with lumbar radiculopathy; lumbar spine sprain/strain; thoracic spine strain/sprain; cervical radiculopathy; cervical spine sprain/strain; insomnia; and anxiety and depression. The patient was prescribed Cyclobenzaprine 7.5mg for muscle spasm, Omeprazole 20mg, and compound medications. A prior utilization review dated 6/12/2014 states the request for Gabapentin/Lidocaine/Tramadol, 240gm, is denied, as medical necessity has not been

established; Cyclobenzaprine/Gabapentin/Flurbiprofen 240gm is also denied as medical necessity has not been established.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Gabapentin/Lidocaine/Tramadol 240gm: Upheld**

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

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

**Decision rationale:** According to the CA MTUS guidelines, Topical Analgesics are recommended as a treatment option as these agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, antidepressants, local anesthetics, etc.). There is little to no research to support the use of many of these agents. According to the California MTUS guidelines, Tramadol is not recommended in a topical formulation. According to the guidelines, Gabapentin is not recommended for topical application. As per the guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Consequently, the request is not medically necessary according to the guidelines.

#### **Cyclobenzaprine/Gabapentin/Flurbiprofen 240gm: Upheld**

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

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

**Decision rationale:** According to the CA MTUS guidelines, Topical Analgesics are recommended as a treatment option as these agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, antidepressants, local anesthetics, etc.). There is little to no research to support the use of many of these agents. According to the California MTUS guidelines, muscle relaxants, such as Cyclobenzaprine, are not recommended in topical formulation. According to the guidelines, Gabapentin is not recommended for topical application. As per the guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Consequently, the request is not medically necessary according to the guidelines.

