

<b>Case Number:</b>	CM14-0143142		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	03/14/2003
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	08/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2014

### 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:

This is a 54-year-old male with a 3/14/03 date of injury. According to a progress report dated 7/8/14, the patient reported ongoing mid to low back pain, rated as a 6. The reported a flare-up of the pain over the last 2 weeks. Objective findings: lumbar range of motion limited by pain in all directions, spasm of the paralumbar muscles. Diagnostic impression: postsurgical syndrome of the lumbar spine, lumbar disc syndrome, lumbar radiculopathy. Treatment to date: medication management, activity modification, chiropractic treatment, physical therapy, aqua therapy, injections, TENS unit, and surgery. A UR decision dated 8/6/14 denied the request for Flurbiprofen 20%/Tramadol 20%/Gabapentin 10%/Amitriptyline 10%/Dextromethorphan 10%. According to evidence-based guidelines, there is no evidence for use of gabapentin and other anti-epilepsy drugs in a topical form.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fluribiprofen 20%/ Tramadol 20%/ Gabapatin 10%/ Amitriptyline 10%/  
Dexromethorphan 10%: 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): 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. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). There is little to no research to support the use of many these agents. 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 the flurbiprofen, tramadol, gabapentin, amitriptyline, and dextromethorphan in a topical formulation. A specific rationale identifying why this topical compounded medication would be required in this patient despite lack of guideline support was not provided. Therefore, the request for Flurbiprofen 20%/Tramadol 20%/Gabapentin 10%/Amitriptyline 10%/Dextromethorphan 10% is not medically necessary.