

<b>Case Number:</b>	CM14-0153456		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	02/24/2012
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	09/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2014

### 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 Family Medicine, and is licensed to practice in Pennsylvania. 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:

On February 24, 2012, this worker sustained injuries. According to primary treating physicians progress report on July 10, 2014 the diagnoses included impingement syndrome left shoulder, lumbar spine sprain and strain, and lumbar herniated nucleus pulposus. Objective findings on that date included pain to palpation left shoulder, positive Hawkins sign and positive supraspinatus. The treatment plan included lumbar MRI, left shoulder MRI, home stretching, specialty consultations and refill of medications. Pertaining to the shoulder impingement syndrome, authorization was requested for cyclobenzaprine 2% cream, Prilosec, and tramadol/acetaminophen. Although the visit documentation of July 10, 2014 states left shoulder impingement, the request for authorization refers to right shoulder impingement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 10%, Cyclobenzaprine 1%, and Lidocaine 5% Compound Cream 180 MG Right Shoulder:** 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 9792.20-9792.26, Page(s): 111-113.

**Decision rationale:** Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There are few randomized controlled trials to determine their efficacy and safety. If one any one drug in a compounded product is not recommended then the compound is not recommended. Cyclobenzaprine is not indicated. Cyclobenzaprine is a muscle relaxant and there is no evidence for the use of muscle relaxants as topical products. Gabapentin is not indicated. Gabapentin and other antiepilepsy drugs are not recommended as there is no evidence for their use as topical products. Lidocaine is not indicated. For non neuropathic pain, topical lidocaine is not recommended.