

<b>Case Number:</b>	CM14-0157290		
<b>Date Assigned:</b>	09/30/2014	<b>Date of Injury:</b>	07/12/2007
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	08/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2014

### 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 New Jersey and New York. 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 63 year-old female who sustained cumulative trauma to both upper extremities while at work on 7/12/07. The injured worker complains of severe neck pain radiating to shoulder blades with tingling in both hands and moderate low back pain radiating to buttocks with constant numbness to left foot up to knee. On exam, she has tenderness of paracervical and paralumbar muscles, muscle spasms, positive straight leg raise on the left, decreased sensation at L5-S1 nerve root on the left and progressive ulnar clawing of her left upper extremity. After having several magnetic resonance imaging's (MRIs), CT scan of thoracic spine, and electrodiagnostic testing, the injured worker was diagnosed with cervical and lumbar pain, herniated disc, degenerative disc disease of lumbar spine, meniscal tear of left knee, bilateral carpal tunnel syndrome, frozen right shoulder, right shoulder impingement syndrome, and complex regional pain syndrome. In 2007, she had carpal tunnel release and arthroscopic right shoulder surgery in 2010. In 10-11/2010 she had lumbar epidural injections. In 12/2010 and 1/2011, she had Hyalgan injection to the right knee. In 6/2012, she had right thumb surgery. In 8/2012, she had right knee surgery. She also had trigger point injections, physical therapy and acupuncture. She was treated with medications such as Tizanidine, Cyclobenzaprine, Norco, and Soma. The injured worker will be undergoing cervical spine surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Computed Tomography (CT) Scan Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

**Decision rationale:** The request for Computed Tomography (CT) Scan Lumbar Spine is not medically necessary. The injured worker is undergoing cervical spine surgery for which she has a CT scan cervical spine ordered. An MRI and CT of lumbar were both ordered as well. The magnetic resonance imaging (MRI) was approved to assess nerve impingement as pain in lower extremities has worsened. However, there is no need for a CT lumbar to assess for bone anatomy of the lumbar spine. An MRI to better able to assess for nerve impingement than a CT and the CT will unlikely add any additional beneficial information. The request for Computed Tomography (CT) Scan Lumbar Spine is not medically necessary.

**Cyclobenzaprine 10%, Gabapentin 10% Topical Compound Cream 30gm Quantity 1:**  
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:** The request is not medically necessary. The use of topical analgesics is largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when antidepressants and anticonvulsants have failed. The use of topical Gabapentin is not recommended. There is no peer-reviewed literature to support its use. And there is no evidence for the use of any topical muscle relaxants such as cyclobenzaprine. Any compounded product that contains at least one drug that is not recommended is not recommended. Therefore, the request for Cyclobenzaprine-Gabapentin compound cream is not medically necessary.

**Flurbiprofen 20% Topical Cream 30gm Quantity 1:** 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:** The request is not medically necessary. The use of topical analgesics is largely experimental in use with few randomized controlled trials to determine efficacy or safety. The efficacy of topical NSAIDs has shown inconsistent results in studies. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period.

These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. It is recommended only for short term use. It is not recommended for neuropathic pain. Given these reasons, the request for topical Flurbiprofen cream is not medically necessary.

**Tramadol 20% Topical Cream 30gm Quantity 1: 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.

**Decision rationale:** The request is not medically necessary. The use of topical analgesics is largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little research to support its use in treatment of chronic pain. The injured worker was prescribed this on 7/2/14. Long-term use has not been evaluated and cannot be recommended. Therefore, the request for topical Tramadol is not medically necessary.