

<b>Case Number:</b>	CM14-0172560		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	07/03/2013
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	10/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2014

### 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 New Jersey. 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 worker is a 39 year old male who was injured on 7/3/2013 after falling. He was diagnosed with lumbosacral neuritis, lumbar degenerative disc disease, elbow/forearm sprain, neck sprain, open wound of knee/leg/ankle, carpal tunnel syndrome, lesion of ulnar nerve, tarsal tunnel syndrome, and Schmorl's nodes of lumbar region. He was treated with oral medications, acupuncture, and physical therapy. On 6/25/14, the worker was seen by his orthopedic physician complaining of low back pain rated 6-8/10 on the pain scale associated with radiation of pain/tingling/numbness to right leg. He also reported right elbow pain rated 4-6/10 on the pain scale, with right hand pain and tingling. He reported using ibuprofen for his pain. He was then recommended two topical combination analgesic medication preparations to use for his chronic pain and symptoms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 container of gabapentin 10%, amitriptyline 10%, bupivacaine 5% in cream base 240grams:** 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 MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. Gabapentin specifically is not recommended for topical use as there is no peer-reviewed literature to support its use. Any combination product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, there was no report on failed oral therapies which would have justified topical treatments. Also, due to the requested topical gabapentin/amitriptyline/bupivacaine cream including topical gabapentin which is not recommended, the entire product is not medically necessary or recommended. As such, this request is not medically necessary.

**1 Container of Flurbiprofen 20%, baclofen 5%, dexamethasone 2%, menthol 2%, camphor 2%, capsaicin 0.025% in cream base 240 grams: 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 MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. Baclofen, in particular, is not recommended for topical use as there is not peer-reviewed literature to support its use. Any combination product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, the injured worker was recommended a combination topical product which included baclofen in the ingredients. Also, there was no evidence that the worker failed oral non-steroidal anti-inflammatory drugs (NSAIDs) or muscle relaxants ingredients in the requested topical cream. Therefore, this request is not medically necessary.