

<b>Case Number:</b>	CM14-0173162		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	01/31/2008
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	10/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2014

### 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 55-year-old female with a 1/31/08 date of injury. The UR decision dated 10/15/14 refers to a progress report dated 10/7/14, however, this was not provided for review. According to a this report, the patient complained of low back and bilateral lower extremity pain. The pain has been present for many years. She has difficulty getting restorative sleep. Objective findings: mildly antalgic gait, palpation reveals prominent areas of tenderness, muscle strength reduced in plantar flexor muscles, SLR produced radicular symptoms, decreased sensation on light touch down sides and back of both legs. Diagnostic impression: postlaminectomy syndrome lumbar, cervical disc degeneration, chronic pain syndrome, lumbar spondylosis, osteoarthritis. Treatment to date: medication management, activity modification, surgery, physical therapy, chiropractic care. A UR decision dated 10/15/14 denied the request for Neuropathic Salve: Cyclobenzaprine/Gabapentin/Lidocaine #300 x 1 refill . Topical gabapentin is not supported for use by MTUS evidence-based guidelines stating that there is no peer-reviewed literature to support use. Guidelines do not support use of topical cyclobenzaprine stating there is no evidence for use of any other muscle relaxant as a topical product. No other commercially approved topical formulations of lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neuropathic Salve: Cyclobenzaprine/Gabapentin/Lidocaine #300 x 1 refill: 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 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. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. However, cyclobenzaprine, gabapentin, and lidocaine are not recommended by guidelines for topical use in a cream/lotion 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 Neuropathic Salve: Cyclobenzaprine/Gabapentin/Lidocaine #300 x 1 refill was not medically necessary.