

<b>Case Number:</b>	CM14-0175020		
<b>Date Assigned:</b>	10/28/2014	<b>Date of Injury:</b>	02/19/2008
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	10/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 patient is a 49 year old female who was injured on 2/29/2008. The diagnoses are cervical spondylosis, cervical radiculopathy, failed cervical laminectomy fusion syndrome, bilateral carpal tunnel syndrome and neck pain. The past surgery history is significant for multiple neck fusion and revision surgeries. The patient completed PT, Chiropractic, home exercise program, biofeedback and acupuncture treatments. [REDACTED] noted subjective complaint of neck pain radiating to the upper extremities. There was associated numbness and decreased motor strength. The pain score was 5/10 with medications and 10/10 without medications on a scale of 0 to 10. The medications are Nucynta and Norco for pain. A Utilization Review determination was rendered on 10/16/2014 recommending non certification for topical baclofen 2%/cyclobenzaprine 2%/ketoprofen 10%/ gabapentin 6%/ lidocaine 2% 480gm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Baclofen 2%/Cyclobenzaprine 2%/Ketoprofen 10%/Gabapentin 6%/Lidocaine 2% Cream 480 gms:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Topical Analgesics

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that topical analgesic preparations can be utilized for the treatment of localized neuropathic pain when treatment with first line anticonvulsant and antidepressant medications cannot be utilized or have failed. The guidelines recommend that topical medications should be tried and evaluated individually for efficacy and not compounded as multiple medications in difficult to evaluate products. The records indicate that the patient did not have localized neuropathy but neck and bilateral upper extremity radiculopathy. The area is thus extensive for coverage with topical neuropathic preparations. The records did not show that the patient failed treatment with orally administered effective dose of anticonvulsant and antidepressant first line medications. The guidelines and the FDA support the use of gabapentin, cyclobenzaprine and baclofen in oral not topical formulations. The use of topical ketoprofen is associated with photosensitive contact dermatitis. The criteria for the use of topical baclofen 2%/ cyclobenzaprine 2%/ ketoprofen 10% / gabapentin 6%/ lidocaine 2% 480 gm was not met.