

<b>Case Number:</b>	CM14-0180028		
<b>Date Assigned:</b>	11/04/2014	<b>Date of Injury:</b>	08/31/2008
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	10/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2014

### 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 Emergency Medicine and is licensed to practice in 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 patient is a 59-year-old male who was injured on 08/31/2008. The patient continued to experience pain from neck to lower back. Physical examination was notable for decreased range of motion of the lumbar spine and tenderness of the lumbar paraspinal muscles. Diagnoses included status post cervical surgery, right knee meniscal tear, lumbar disc bulge, and right shoulder acromioclavicular osteoarthritis. Treatment included medications, epidural steroid injections, and surgery. Request for authorization for generic prescription for topical Flurbiprofen/Gabapentin/Cyclobenzaprine was submitted for consideration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro request for Flurbiprofen 20%/Gabapentin 10%/Cyclobenzaprine 10% for date of service 08/26/2014:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 111-112.

**Decision rationale:** This request is for a topical medication containing Flurbiprofen, Gabapentin, and Cyclobenzaprine. Topical analgesics are recommended for neuropathic pain

when anticonvulsants and antidepressants have failed. Compounded topical analgesics are commonly prescribed and there is little to no research to support the use of these compounds. Furthermore, the guidelines state that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Flurbiprofen is a non-steroidal anti-inflammatory drug (NSAID). Flurbiprofen is recommended as an oral agent for the treatment of osteoarthritis and the treatment of mild to moderate pain. It is not recommended as a topical preparation. Gabapentin is not recommended. There is no peer-reviewed literature to support use. Cyclobenzaprine is a muscle relaxant. There is no evidence for use of this muscle relaxant as a topical product. This medication contains drugs that are not recommended. Therefore the medication cannot be recommended. Therefore, this request is not medically necessary.