

<b>Case Number:</b>	CM14-0184631		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	09/06/2013
<b>Decision Date:</b>	12/18/2014	<b>UR Denial Date:</b>	10/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2014

### 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 Internal 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 case of a 33 year old male with a date of injury of 9/6/2013. The patient was lifting heavy objects weighing about 80 lbs. and sustained an injury to the back. He also injured his forearm on the basis of continuous and repetitive trauma. Based on a progress note dated 5/9/2014, he was diagnosed with lumbosacral radiculopathy with persistent low back pain radiating down to the left leg. Straight leg raise was stated to be 90 degrees on the right. In a follow up pain management report dated 10/7/2014, the patient was complaining of low back, upper mid back, and left knee pain. He is status post caudal epidural injection times 3. His physical examination was unchanged from his previous visit. He was diagnosed with lumbar radiculopathy, upper mid back pain and left knee internal derangement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound Creams: Flurbiprofen 20%/ Tramadol 15% 210 grams; and Cyclobenzaprine 2%/ Gabapentin 10%/ Flurbiprofen % grams: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 9792.20 Page(s): 111-113.

**Decision rationale:** Based on MTUS guidelines, topical analgesics are recommended as an option. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as immunotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. For NSAIDs, the efficacy in clinical trials for this treatment modality had been inconsistent and most studies are small and of short duration. Topical non-steroidal anti-inflammatory drugs (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. When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4-12 weeks. In this study, the effect appeared to diminish over time and it was stated that further research was required to determine if results were similar for all preparations. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Indications include osteoarthritis and tendonitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. It is recommended for short-term use (4-12) weeks. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. It is not recommended for use on neuropathic pain. Gabapentin cream is not recommended per MTUS guidelines. There is no peer-reviewed literature to support its use. There is no evidence for use of any other muscle relaxants other than baclofen as a topical product, therefore, the component of cyclobenzaprine in the above compound is not recommended. Since multiple components of the above topical creams are either considered experimental, there is not enough peer-reviewed data available and simply not recommended based on the MTUS guidelines, the request is not medically necessary.