

<b>Case Number:</b>	CM14-0020410		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	09/07/2011
<b>Decision Date:</b>	07/08/2014	<b>UR Denial Date:</b>	02/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2014

### 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, has a subspecialty in Preventive 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:

The 40 year. old male claimant sustained a work injury on 9/7/11 resulting involving the lower back. His diagnoses included L4-L5 disc protrusions, annular fissure, and lumbar radiculopathy. He had received spine injections, muscle relaxants and oral analgesics for pain relief. An exam report on 1/29/14 indicated the claimant had completed physiotherapy and had continued pain with lying, sitting or driving. Physical examination was notable for reduced range of motion of the lumbar spine with positive straight leg raise and Braggard's sign.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TOPICAL TRANSDERMAL CREAM (CYCLOBENZAPRINE, GABAPENTIN, TRAMADOL, FLURBIPROFEN 30GMS) DOS: 1/29/14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines COMPOUNDED MEDICATIONS.

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

**Decision rationale:** Topical Analgesics 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 monotherapy or in combination for pain control. There is little to no product that contains at least one drug (or drug class) that is not recommended. The topical cream prescribed contained muscle relaxants (cyclobenzaprine) and Gabapentin, both which are not recommended for topical use. As a result, the above mentioned cream is not medically necessary.