

<b>Case Number:</b>	CM14-0022686		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	05/22/1987
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	02/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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:

The patient is a 77-year-old who was injured on May 22, 1987. She sustained an injury to her back while she was putting away case files when she heard a cracking noise. Her medication history includes Norco, Tramadol 20% cream, ketoprofen cream 20%, cyclobenzaprine 10%, and Gabapentin cream 10%. On pain management reported dated January 7, 2014, the patient noted flare-ups of her low back pain which are mild to moderate in nature. She rated her pain as 4-6/10. She also complained on lower extremity pain with intermittent right lower extremity paresthesia. She reported the medications help her to function in activities of daily living and allowed her to ambulate which include Norco 10/325 mg and Transdermal creams. On exam, the lumbar spine revealed paravertebral muscle spasm. The bilateral L4-5 and L5-S1 facet joints were tender as well as bilateral sacroiliac joints are tender. Her lumbar range of motion is decreased by 30%. She has a severely antalgic gait. There was intermittent paresthesia into the L5 and S1 dermatomes. Motor strength was 5/5 bilaterally in all planes and sensation was intact and symmetrical. Diagnoses are lumbar disc protrusion, lumbar neuralgia, sacroiliac joint pain, facet joint pain, and opioid dependence. The treatment and plan included requests for Norco 10/325 mg and transdermal compounded creams. Prior utilization review dated February 23, 2014 denied the request for tramadol 20% cream 30 mg, ketoprofen 20% cream 30gm apply twice daily, and for cyclobenzaprine 10%, Gabapentin 10% cream 30gm, apply twice daily as medical necessity has not been established.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TRAMADOL 20% CREAM 30MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, topical analgesics are, "largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The patient is a 77 year old female with chronic back pain attributed to an injury on May 22, 1987. She complains of low back pain and intermittent lower extremity paresthesias. She has lumbar tenderness to palpation, decreased range of motion, and walks with a limp. The patient is prescribed topical Tramadol on a chronic basis. However, Tramadol is not specifically recommended by guidelines for topical application. The patient is currently prescribed oral opioids. There is no rationale provided in the available records for use of this particular medication. The request for Tramadol 20% cream 30mg, is not medically necessary or appropriate.

**KETOPROFEN 20% CREAM 30GM:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, topical analgesics are, "largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The patient is a 77-year-old female with chronic back pain attributed to an injury on May 22, 1987. She complains of low back pain and intermittent lower extremity paresthesias. She has lumbar tenderness to palpation, decreased range of motion, and walks with a limp. The patient is prescribed Ketoprofen cream on a chronic basis. However, Ketoprofen is not FDA-approved for topical application due to a high incidence of photocontact dermatitis. Further, topical NSAIDs (non-steroidal anti-inflammatory drugs) are only recommended for short-term use of 8-12 weeks, and they are not recommended for the spine. The request for ketoprofen 20% cream 30gm is not medically necessary or appropriate.

**CYCLOBENZAPRINE 10%/GABAPENTIN 10% CREAM 30GM:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, topical analgesics are, "largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The patient is a 77-year-old with chronic back pain attributed to an injury on May 22, 1987. She complains of low back pain and intermittent lower extremity paresthesias. She has lumbar tenderness to palpation, decreased range of motion, and walks with a limp. The patient is prescribed a topical cream containing Gabapentin and Cyclobenzaprine. However, Gabapentin is not recommended for topical application. No muscle relaxant is recommended for topical application. The request for cyclobenzaprine 10%/gabapentin 10% cream 30gm is not medically necessary or appropriate.