

<b>Case Number:</b>	CM14-0025785		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	11/09/1995
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	02/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/28/2014

### 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 Texas. 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 injured worker is a 57 year old female with a date of injury on 11/9/1995. The injured worker had chronic low back pain. She was seen by a physician and prescribed various medications and encouraged to engage in a home exercise program. There are requests for Zanaflex and topical compounded medication creams. Notes indicate the presence of lumbar spasms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zanaflex 2mg #30, 2 Refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for Pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

**Decision rationale:** The notes do indicate that the injured worker had some lumbar spasms on exam, and the medication was to be taken at night for spasms. The injured worker's injury date is quite a long time ago, however, and it is not clear if the injured worker had used this medication before, or, when she last used it at all. The data would suggest in this instance, however, that a short term use of this drug could be indicated in treating her lumbar spasms. However, the

request is for essentially a 3 month supply, which moves the use of the drug into chronic use, and per guidelines, chronic use of the muscle relaxants is not indicated. Given this, the request for the Zanaflex with 2 refills is not supported and is not medically necessary.

**Diclofenac 3%, Baclofen 2%, Cyclobenzaprine 2%, Gabapentin 6%, Tetracaine 2% Compound Cream 120gms #1, 3 Refills: 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.

**Decision rationale:** There is no support for the use of topical compounded medication creams. Guidelines are clear in stating, "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 (including non-steroidal anti-inflammatory drugs [NSAIDs], opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). There is little to no research to support the use of many these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The guideline criteria have not been met as there are insufficient large-scale, randomized, controlled references showing the safety and efficacy of the requested compound prescription in this injured worker's clinical scenario. It is not clear that the injured worker is intolerant of oral medications. The compounded substance is composed of drugs that have, in many instances, no Food and Drug Administration (FDA) approval for a topical form, have no identified clinical application in topical form, or both. Therefore, this request is not indicated as medically necessary at this time.