

<b>Case Number:</b>	CM14-0032301		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	06/05/2011
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	02/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2014

### 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 Physical Medicine & Rehabilitation 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 injured worker is a 64-year-old female who reported an injury on 06/05/2011. The mechanism of injury was not provided within the medical records. The clinical note dated 06/10/2014 indicated the injured worker reported neck pain, scapular and bilateral shoulder pain that radiated to upper extremities, right greater than left with numbness and tingling in the bilateral upper extremities and bilateral hands. The injured worker reported her pain 3/10. On physical examination, the injured worker had spasms over the upper trapezius muscles above cervical paraspinals with tenderness to palpation. The range of motion of the cervical spine was decreased with neck pain. The injured worker had a positive Spurling's with radiation to the shoulders bilaterally. The injured worker's motor strength was 4+ to the left shoulder and 4+ to the right. The injured worker's prior treatments included diagnostic imaging and medication management. The injured worker's medication regimen included Anaprox, Fexmid, Protonix, Medrox patches. The provider submitted request for gabapentin/Tetracaine and diclofenac/baclofen/cyclobenzaprine. A request for authorization dated 02/13/2014 was submitted for diclofenac/ baclofen/ cyclobenzaprine and gabapentin /Tetracaine; however, a rationale was not provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin/Tetracaine:** Upheld

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

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

**Decision rationale:** The California Chronic Pain Medical Treatment Guidelines state 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. 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 guidelines also state Gabapentin is not recommended.

There is no peer-reviewed literature to support use. Although it is indicated that other trials of antidepressants and anticonvulsants have failed, Gabapentin is not recommended and there is no peer reviewed literature to supports its use and per the guidelines, any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. In addition, the request does not indicate a dosage, frequency or quantity for the medication. Therefore, the request for Gabapentin/Tetracaine is not medically necessary.

**Diclofenac/Baclofen/Cyclobenzaprine:** Upheld

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

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

**Decision rationale:** The California Chronic Pain Medical Treatment Guidelines state 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. diclofenac): Indicated for relief of osteoarthritis pain in joints that lends themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. Baclofen: Not recommended. There is currently one Phase III study of Baclofen-Amitriptyline-Ketamine gel in cancer patients for treatment of chemotherapy-induced peripheral neuropathy. There is no peer-reviewed literature to support the use of topical baclofen. Diclofenac is indicated for relief of osteoarthritis pain in joints. The documentation submitted did not indicate the injured worker had findings that would support she was at risk for osteoarthritis. In addition, baclofen is not recommended. There is no peer reviewed literature to support the use of topical baclofen.

Furthermore, the request did not indicate a dosage, frequency or quantity for this medication. Therefore, the request for Diclofenac/Baclofen/Cyclobenzaprine is not medically necessary.