

<b>Case Number:</b>	CM14-0043685		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	09/22/2010
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	03/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2014

### 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 American Board of Family Practice (ABFP) 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 claimant is a 64 yr. old male who sustained a work injury on 9/22/2010 involving the right shoulder and low back. He was diagnosed with right shoulder sprain with tendonitis and a lumbar sprain. Exam findings on 1/9/2014 in a progress note indicated the claimant had right shoulder pain with reduced range of motion and continued low back pain with positive straight leg raises. On 3/17/2014, the treating physician, due to continued pain on subsequent visits ordered Flurbiprofen 20% / Lidocaine 5% / Amitriptyline 5% / Gabapentin 10% / Cyclobenzaprine 6% / Tramadol 10% compound for topical pain relief .

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 20% / Lidocaine 5% / Amitriptyline 5% / Gabapentin 10% / Cyclobenzaprine 6% / Tramadol 10% Compound: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** According to the MTUS 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Gabapentin is not recommended. There is no peer-reviewed literature to support use. Therefore, the continued use of Flurbiprofen 20% / Lidocaine 5% / Amitriptyline 5% / Gabapentin 10% / Cyclobenzaprine 6% / Tramadol 10% compound is not medically necessary and appropriate.