

<b>Case Number:</b>	CM14-0047132		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	04/21/2011
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	04/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2014

### 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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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 52-year-old male who sustained a work related injury on April 21, 2011 as a result of being the passenger in a rear end motor vehicle accident in which his body leaned to the left and twisted forward. He has a history of previous work related injury in 1989 as a result of falling seven to eight feet and landing on his lower back. Since then he has had neck, upper and lower back and right shoulder pain, as well as insomnia, depression and anxiety. The patient reports his upper back and right shoulder pain as constantly slight, intermittently moderate and occasionally severe with radiation to the right extremity and to his hand that is 2-6/10 on the 1 to 10 pain scale. He experiences cramping and numbness in his right hand as well. His lower back pain is described as constantly slight, intermittently moderate and occasionally severe with radiation to the right leg as distal as the back of the ipsilateral knee that is 5-6/10 on the 1 to 10 pain scale. Physical examination is positive for tenderness to palpation with spasms of the paraspinals and left sacroiliac with lumbar range of motion limited by pain. He has a positive sitting root test. Sensory of distal extremities is intact. Primary Treating physician's re-evaluation form April 7, 2014 does not describe previous interventions or treatments. In dispute is a decision for topical pain medications Flurbiprofen 25%, Cyclobenzaprine 2%, 240gm and Gabapentin 10%, Lidocaine 5%, Tramadol 15% 240 gm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 25%, Cyclobenzaprine 2%, 240gm: Upheld**

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

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

**Decision rationale:** Topical analgesics (compounded) 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 medications of differing varieties and strengths. Because the patient does not have a documented complaint of neuropathic pain or failed antidepressant treatment trial, the request for the Topical Analgesic Cream not medically necessary.

**Gabapentin 10%, Lidocaine 5%, Tramadol 15% 240 gm.:** Upheld

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

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

**Decision rationale:** Topical analgesics (compounded) 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 medications of differing varieties and strengths. The addition of Gabapentin is not recommended as there is no peer reviewed literature support for its use. Because the patient does not have a documented complaint of neuropathic pain, failed antidepressant treatment trial and MTUS guideline not recommending use of Gabapentin in topical creams because of lack of peer reviewed literature, the request for the Topical Analgesic Cream not medically necessary.