

<b>Case Number:</b>	CM14-0071358		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	08/08/2012
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	05/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/16/2014

### 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 Internal 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:

This is a case of a 34 year male with a date of injury of 8/8/2012. The patient injured his lower back and has had difficulties with his left hip and buttocks region as well over the past few years. He has received intermittent conservative care including physical medicine intervention, medication, diagnostic studies and a sacroiliac injection. He was working as an order filler and his job required him to perform intermittent frequent pushing, pulling, lifting, gripping and grasping activities. He would also work in shipping and receiving where he would load and unload trucks. In the primary treating physicians follow up examination report dated 4/25/2014, the patient was complaining of intermittent pain in his lower back which he describes as aching. He rates the pain as a 6/10 and the pain is the same. He also reports pain in both hips which are described as aching and dull. Pain scale is 7/10. He reports that repetitive lifting over 10 pounds aggravates his pain. He reports that his pain is reduced with rest and activity modification. On physical exam, it is noted that he has moderate paraspinal tenderness bilaterally in the lumbar region at L2-L3, L3-L4, L4-L5, and L5-S1. The patient also reveals tenderness at both thighs and hips. He is diagnosed with Hip strain/sprain and chronic lumbar spine sprain/strain. It was recommended that the patient begin Naprosyn 550mg and Gabaclycotram as well for muscle spasms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naprosyn sodium 550 mg #90 and two refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation The Official Disability Duration Guidelines, Treatment in Workers Compensation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68.

**Decision rationale:** Non-steroidal Anti-inflammatory medications (NSAIDs) such as Naproxen are recommended as second-line treatment after Acetaminophen for acute low back pain and acute exacerbations of chronic pain. In general there is conflicting to negative evidence that NSAIDs are more effective than Acetaminophen for acute low back pain. NSAIDs are recommended as an option for short-term symptomatic relief. They were found to be no more effective than other drugs such as Acetaminophen, narcotic analgesics, and muscle relaxants. The Cochrane review of the literature also found that NSAIDs had more side effects than placebo, and acetaminophen but fewer effects than muscle relaxant and narcotic analgesics. In this case, there is no documentation that acetaminophen has been tried and has failed. Also, over the counter NSAIDs would be just as efficacious. Therefore, based on MTUS Guidelines and review of this case, the request for Naproxen 550mg #90 with 2 refills is not medically necessary.

**Gabacyclotram (compound med) gabapentin ten percent / cyclobenzaprine six percent / tamadol ten percent and flurbi-cylo-bac-lido 120 ml no refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation The Official Disability Duration Guidelines, Treatment in Workers Compensation.

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

**Decision rationale:** Gabacyclotram is a topical cream which includes the medications Gabapentin, Cyclobenzaprine, tramadol, and Flubi-cylo-bac-lido. Both Gabapentin creams and baclofen creams are not recommended per MTUS guidelines. Topical baclofen is currently under 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. Topical Ketamine is under study and only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. Cyclobenzaprine is more effective than placebo in management of back pain; the effect is modest and comes at a price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The addition of Cyclobenzaprine to other agents is not recommended. In this case, there is no documentation of muscle spasms on physical examination and none reported by the patient and based on MTUS Guidelines, if one component of a combination medication or cream is not recommended, the use of that combination medication or cream is also not recommended. Therefore based on the evidence in this case, and the review of the MTUS Guidelines, the request for Gabacyclotram is not medically necessary.

