

<b>Case Number:</b>	CM14-0072046		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	07/24/2013
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	04/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2014

### 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 and 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:

This 57 year-old patient sustained an injury on 7/24/13 from turning a window frame while employed by [REDACTED]. Request under consideration include Flurbiprofen/ Tramadol/ Cyclobenzaprine 20/20 4% and Gabapentin/ Amitriptyline/ Dextromethorphan 10/10 10%. A 3/31/14 report from the provider noted the patient with ongoing left inguinal bulge; decreased with rest, meds, and physical therapy; increased with activity. An exam showed no acute distress; limited range of motion cervical thoracic lumbar and a positive straight leg raise test. There was suspicion for hernia. The patient's diagnoses include a neck, thoracic, shoulder/elbow/wrist/hand, knee, and lumbar sprain. The patient's treatment included topical compounds, x-rays, MRIs, internal medicine consultation, durable medical equipment, physical therapy 2x4, a psych referral and urine drug screen. The patient was to remain off work. The request for Flurbiprofen/ Tramadol/ Cyclobenzaprine 20/20 4% and Gabapentin/ Amitriptyline/ Dextromethorphan 10/10 10% were non-certified on 4/24/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen/Tramadol/Cyclobenzaprine 20/20 4%:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol and Cyclobenzaprine. Decision based on Non-MTUS Citation Official Disability

Guidelines (ODG), Integrated Treatment/Disability Duration Guidelines, Pain (Chronic), Compound Drugs, Tramadol (Ultram), Cyclobenzaprine (Flexeril).

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

**Decision rationale:** Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with spinal and multiple joint pains without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this injury of July 2013 without documented functional improvement from treatment already rendered. The Flurbiprofen/ Tramadol/ Cyclobenzaprine 20/20 4% is not medically necessary and appropriate.

**Galbapentin/Amitriptyline/Dexathomethorphan 10/10 10%:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Amitriptyline. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Integrated Treatment/Disability Duration Guidelines, Pain (Chronic), Compound Drugs, Amitriptyline.

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

**Decision rationale:** Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with spinal and multiple joint pains without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this injury of July 2013 without documented functional improvement from treatment already rendered. The Gabapentin/ Amitriptyline/ Dextromethorphan 10/10 10% is not medically necessary.