

<b>Case Number:</b>	CM14-0073026		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	09/14/2004
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	05/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2014

### 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:

According to the records made available for review, this is a 86-year-old female with a 9/14/04 date of injury. At the time (5/7/14) of request for authorization for Transdermal Compound Gabapentin 10% Lidocaine 5% Tramadol 15% Cyclobenzaprine 2% Flurbiprofen 25%, there is documentation of subjective (burning, radicular neck pain and muscle spasm with associated numbness and tingling of bilateral upper extremities, greater on the left, burning bilateral shoulder pain radiating down arms to the fingers, and burning radicular low back pain associated with numbness and tingling of bilateral lower extremities) and objective (tenderness to palpation at the occiputs, trapezial levator scapula, scalene and splenius muscles, sternocleidomastoids, with spasms, decreased cervical range of motion, positive Spurling's test, compression and distraction, AC joint arthrosis noted, decreased bilateral shoulder range of motion, positive Neer's and Kennedy Hawkins bilaterally, tenderness to palpation at the paraspinals bilaterally, the left PSIS, quadrates lumborum muscles, and lumbosacral junction, decreased lumbar range of motion, and positive tripod sign and flip-test bilaterally) findings, current diagnoses (cervicalgia, cervical radiculopathy, bilateral shoulder internal derangement, lumbago, and lumbar radiculopathy), and treatment to date (acupuncture and activity modifications).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transdermal Coumpound Gabaperin 10% Lidocain 5% Tramadol 15% Cyclobenzaprine 2% Flurbiprofen 25%: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines - Topical Analgesics.

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

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in a 0.0375% formulation, Baclofen and other muscle relaxants, and Gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of cervicalgia, cervical radiculopathy, bilateral shoulder internal derangement, lumbago, and lumbar radiculopathy. However, the requested Transdermal Compound Gabapentin 10% Lidocaine 5% Tramadol 15% Cyclobenzaprine 2% Flurbiprofen 25% contains at least one drug (Gabapentin, Lidocaine, and Cyclobenzaprine) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Transdermal Compound Gabapentin 10%, Lidocaine 5%, Tramadol 15%, Cyclobenzaprine 2%, and Flurbiprofen 25% is not medically necessary.