

<b>Case Number:</b>	CM14-0075065		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	07/11/2011
<b>Decision Date:</b>	09/12/2014	<b>UR Denial Date:</b>	04/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2014

### 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, has a subspecialty in Interventional Spine 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 patient is a 40-year-old female with a date of injury of 07/11/2011. The listed diagnoses per [REDACTED] are: 1. Cervical spine disk protrusion. 2. Lumbar spine radiculopathy. 3. Bilateral shoulder shallow tear of supraspinatus tendon, status post shoulder surgery, November 2013. 4. Bilateral wrists DTD. According to progress report 03/31/2014, the patient continues with cervical spine, lumbar spine, bilateral shoulder, bilateral wrist/bilateral hand intermittent pain. Treater states patient is status post 3 cervical epidural steroid injections. The patient presents with an increase of pain in the lower spine with numbness and tingling to the lower extremity. Examination revealed decreased cervical spine with pain with range of motion for the cervical and lumbar spine. Bilateral shoulders revealed limited flexion at 100 degrees. Treater is requesting authorization for topical creams. Utilization review denied the request on 04/21/2014.

### 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% cream:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** This patient continues with cervical spine, lumbar spine, bilateral shoulder, bilateral wrist/bilateral hand intermittent pain. The treater is requesting a topical compound cream including flurbiprofen, tramadol, and cyclobenzaprine. The MTUS Guidelines p 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." In this case, Tramadol is not tested for transdermal use with any efficacy and Cyclobenzaprine is a muscle relaxant and not recommended in any topical formulation. Recommendation is for denial.

**Amitriptyline/Dextromethorphan/Gabapentin 10/10/10% cream:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines.

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

**Decision rationale:** This patient continues with cervical spine, lumbar spine, bilateral shoulder, bilateral wrist/bilateral hand intermittent pain. The treater is requesting a topical compound cream that includes amitriptyline, dextromethorphan, and gabapentin. Treater states the patient is to apply a thin layer to the affected area 15 minutes before exercise. The MTUS Guidelines p 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." Gabapentin is not recommended as a topical formulation; therefore, the entire compound cream is not recommended. Therefore, the request is not medically necessary.