

<b>Case Number:</b>	CM14-0081209		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	06/29/2007
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	05/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2014

### 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 Illinois. 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 injured worker is a 57-year-old female who reported an injury on 06/29/2007 due to cumulative trauma. Diagnoses were lumbago, sciatica, and lumbar radiculitis/neuritis. Past treatments were acupuncture, chiropractic, physical therapy, and injections to the lower back. Diagnostic studies were MRI of the cervical spine, EMG, MRI of the lumbar spine, and MRI of the left hip. Surgical history was left ACL replacement with torn meniscus and a hysterectomy. Physical examination on 05/07/2014 revealed complaints of constant dull pain in the low back which radiated into the bilateral thigh and calf, left greater than right. Pain level was reported at a 5/10. On examination of the lumbosacral spine, upon palpation of the lumbar spine, there was 2+ midline tenderness, a 2+ left paraspinal tenderness, 2+ left S1 tenderness, and 1+ right paraspinal tenderness. Straight leg raising test was positive at 70 degrees on the right and 40 degrees on the left. Neurological exam revealed dermatome testing with slightly decreased sensation in the L1, L2, L3, L4, L5, and S1 nerve distributions on the left side and normal sensation on the right side. Medications were Norco, Lyrica, Cymbalta, and Restoril. Treatment plan was to request authorization for a Thera cane and start aqua therapy. The rationale and Request for Authorization were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

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

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

**Decision rationale:** The California Medical Treatment Utilization Schedule states that gabapentin is not recommended. There is no peer reviewed literature to support the use. There is no evidence for use of any other antiepilepsy drug as a topical product. Amitriptyline is an antidepressant. The medical guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The medical guidelines do not support the use of compounded topical analgesics. The frequency was not indicated on the request for this medication. Therefore, the request is not medically necessary.

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

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Flurbiprofen, Topical Analgesics, Cyclobenzaprine, Tramadol Page(s): 72, 111, 41, 82.

**Decision rationale:** The California MTUS indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Flurbiprofen is classified as a non-steroidal anti-inflammatory agent. This agent is not currently FDA approved for a topical application. FDA approved routes of administration for Flurbiprofen include oral tablets and ophthalmologic solution. A search of the National Library of Medicine - National Institute of Health (NLM-NIH) database demonstrated no high quality human studies evaluating the safety and efficacy of this medication through dermal patches or topical administration. A thorough search of FDA.gov did not indicate there was a formulation of topical Tramadol that had been FDA approved. The approved form of Tramadol is for oral consumption, which is not recommended as a first line therapy. The guidelines do not recommend the topical use of Cyclobenzaprine as topical a muscle relaxant as there is no evidence for use of any other muscle relaxant as a topical product. The addition of cyclobenzaprine to other agents is not recommended. Tramadol and Flurbiprofen are not recommended as a topical agent. The request does not indicate a frequency for the medication. Therefore, the request is not medically necessary.

