

<b>Case Number:</b>	CM14-0088458		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	10/15/2013
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	05/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2014

### 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 Emergency 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:

The injured worker is a 38 year-old male, who sustained an injury on October 15, 2013. The mechanism of injury occurred when a portion of a pallet hit his left eye. Pertinent diagnostics are not noted. Treatments have included: medication. The current diagnosis is left eye hyphema, visual disturbance, cervical strain/sprain with radiculopathy, headaches. The stated purpose of the request for Retrospective for date of service 04/02/2014 Cyclobenzaprine/Gabapentin/Flurbiprofen/Tramadol (duration unknown and frequency unknown), was not noted. The request for Retrospective for date of service 04/02/2014 Cyclobenzaprine/Gabapentin/Flurbiprofen/Tramadol (duration unknown and frequency unknown), was denied on May 16, 2014, citing a lack of documentation of failed first-line drugs. Per the report dated April 2, 2014, the treating physician noted complaints of headaches, left eye flashes, neck tightness and dizziness. Exam findings included a dilated left pupil, pain with cervical range of motion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Retrospective for date of service 04/02/2014**

**Cyclobenzaprine/Gabapentin/Flurbiprofen/Tramadol (duration unknown and frequency unknown): Upheld**

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

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

**Decision rationale:** The requested Retrospective for date of service 04/02/2014 Cyclobenzaprine/Gabapentin/Flurbiprofen/Tramadol (duration unknown and frequency unknown), is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants". The injured worker has headaches, left eye flashes, neck tightness and dizziness. The treating physician has documented a dilated left pupil, pain with cervical range of motion. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis. The criteria noted above not having been met, Retrospective for date of service 04/02/2014 Cyclobenzaprine/Gabapentin/Flurbiprofen/Tramadol (duration unknown and frequency unknown), is not medically necessary.