

<b>Case Number:</b>	CM13-0026223		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	09/02/2009
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	08/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

### 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 39-year-old female reported a work-related injury on 09/02/2009. According to the Primary Treating physician's Occupational Medicine Progress Report dated 5/21/13, the injured worker reports left knee symptoms and weight gain. Diagnoses include thoracic or lumbosacral neuritis or radiculitis not otherwise specified, intervertebral disc disorder, carpal tunnel syndrome and lateral epicondylitis. Previous treatments include medications, exercise and acupuncture. The treating provider requests Flurbiprofen/Cyclobenzaprine/Ultraderm 15% /10%, #1 for date of service 05/21/13 and Tramadol/Gabapentin/Menthol/Camphor/Capsaicin 8% /10% /2%/0.5, #30, for date of service 05/21/13. The Utilization Review on 8/19/2013 non-certified the request for Flurbiprofen/Cyclobenzaprine/Ultraderm 15% /10%, #1 for date of service 05/21/13 and Tramadol/Gabapentin/Menthol/Camphor/Capsaicin 8% /10% /2%/0.5, #30, for date of service 05/21/13, citing CA MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FLUR/CYCLE 15%/10% (FLURBOPROFEN/CYCLOBENZAPRINE/ULTRADERM DOS 5/21/2013): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Compound Creams

**Decision rationale:** MTUS and ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS states regarding topical muscle relaxants, "Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Topical cyclobenzaprine is not indicated for this usage, per MTUS. As such, the request for FLUR/CYCLE 15%/10% (FLURBOPROFEN/CYCLOBENZAPRINE/ULTRADERM DOS 5/21/2013) is not medically necessary.

**TRAM/GABA/MENTHOL/CAMP/CAP - STRENGTH 8%/10%/2%/2%/.5 #30 DOS 5/21/2013:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, compound creams

**Decision rationale:** MTUS and ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS states that topical Gabapentin is "Not recommended." And further clarifies, "antiepilepsy drugs: There is no evidence for use of any other antiepilepsy drug as a topical product." As such, the request for TRAM/GABA/MENTHOL/CAMP/CAP - STRENGTH 8%/10%/2%/2%/.5 #30 DOS 5/21/2013 is not recommended.