

<b>Case Number:</b>	CM14-0186457		
<b>Date Assigned:</b>	11/14/2014	<b>Date of Injury:</b>	06/12/2009
<b>Decision Date:</b>	02/04/2015	<b>UR Denial Date:</b>	10/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 56 year old female with a work injury dated 6/12/09. The diagnoses include cervical sprain/strain, cervical disc with radiculopathy, lumbar sprain/strain, lumbar intervertebral disc displacement, lumbar radiculopathy, internal derangement of the bilateral shoulders, rotator cuff syndrome status post arthroscopy with subacromial decompression 3/2011 and anxiety. Under consideration are requests for Topical Cream; Flurbiprofen 20%, Tramadol 20%, Gabapentin 10%, Amitriptyline 10% and Dextromethorphan 10% and Cyclobenzaprine 7.5mg #60. There is an 8/5/14 progress note that states that the patient has low back pain level 8/10 with medication; pain provoked with forward bending, lifting, sitting, standing, walking and reaching overhead; reports intermittent, achy shooting right shoulder pain; pain is 10/10 with medications and provoked with overhead activities; reports radiated to the right arm and is relieved with rest and medication. On physical exam there is decreased cervical, low back, right shoulder range of motion and pain at the right AC joint and subacromial region. There is a positive right Supraspinatus test. The patient was prescribed Anaprox, Norco, Xanax, Prilosec, Cyclobenzaprine, and the topical cream under consideration. X-rays of the cervical spine on March 20, 2014 revealing moderate narrowing at the C6- 7 disc space and spurring; Status post cervical epidural injection, August 8, 2012; cervical MRI scan, July 21, 2014, revealing multilevel disc desiccation of the cervical spine, somewhat more pronounced at the C6-7 level, facet arthrosis on the left at C5-6 with moderate left foraminal narrowing, 2 .5-3 mm. circumferential disc protrusion at C6-7 somewhat accentuated to the right, mild central stenosis with mild to moderate left and more moderate right foraminal narrowing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topical Cream: Flurbiprofen 20 Percent, Tramadol 20 Percent, Gabapentin 10 Percent, Amitriptyline 10 Percent Dextromethorphan 10 Percent:** 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 rationale:** Topical Cream; Flurbiprofen 20%, Tramadol 20%, Gabapentin 10%, amitriptyline 10% Dextromethorphan 10% is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that topical NSAIDS (such as Flurbiprofen) are indicated for osteoarthritis and tendinitis, in particular that of the knee and elbow or other joints that are amenable to topical treatment for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDS for treatment of osteoarthritis of the spine, hip or shoulder. Topical Gabapentin is not recommended. The guidelines state that there is no peer-reviewed literature to support use., interactions, and no need to titrate. The guidelines do not specifically support Amitriptyline, Tramadol, or Dextromethorphan but do state that many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor. 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. The guidelines do not support topical Gabapentin. The documentation does not indicate intolerance to oral medications. The request for Topical Cream; Flurbiprofen 20%, Tramadol 20%, Gabapentin 10%, amitriptyline 10% Dextromethorphan 10% is not medically necessary.

**Cyclobenzaprine 7.5mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (Flexeril).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42 and page 64.

**Decision rationale:** Cyclobenzaprine 7.5mg #60 is not medically necessary. The guidelines state that Cyclobenzaprine is not recommended to be used for longer than 2-3 weeks. The documentation indicates that the patient has already been on Cyclobenzaprine. There are no extenuating circumstances documented that would necessitate continuing this medication beyond the 2-3 week time frame. The request for Cyclobenzaprine 7.5mg #60 is not medically necessary.

