

<b>Case Number:</b>	CM14-0187101		
<b>Date Assigned:</b>	11/17/2014	<b>Date of Injury:</b>	04/26/2010
<b>Decision Date:</b>	01/23/2015	<b>UR Denial Date:</b>	10/23/2014
<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 Internal 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 employee was a 64-year old female who sustained an industrial injury on 04/26/10 when she fell down on the stairs. She had lumbar L3,L4 and L5 fusion in 2011. A CT scan of the lumbar spine from 05/22/14 showed post-surgical changes and no evidence of hardware failure or loosening and multilevel degenerative changes. The progress note from 09/15/14 was reviewed. She noted significant improvement in her low back and lower extremity symptomatology with the Medrol Dosepak for the first two weeks. But the pain had started to recur. Physical examination showed weakness of the left foot flexion and dorsiflexion. There was a positive straight leg raising test on the left with dullness to nail bed pressure all toes and an absent left ankle jerk. Impression included left lumbar radiculopathy. Due to her renal compromise, NSAIDs had been ruled out. Gabapentin was increased to 600mg BID. The request was for compound of cyclobenzaprine powder and Gabapentin powder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound consisting of cyclobenzaprine powder and gabapentin powder 6gm:** 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): 112-113.

**Decision rationale:** The employee was a 64-year old female who sustained an industrial injury on 04/26/10 when she fell down on the stairs. She had lumbar L3,L4 and L5 fusion in 2011. A CT scan of the lumbar spine from 05/22/14 showed post-surgical changes and no evidence of hardware failure or loosening and multilevel degenerative changes. The progress note from 09/15/14 was reviewed. She noted significant improvement in her low back and lower extremity symptomatology with the Medrol Dosepak for the first two weeks. But the pain had started to recur. Physical examination showed weakness of the left foot flexion and dorsiflexion. There was a positive straight leg raising test on the left with dullness to nail bed pressure all toes and an absent left ankle jerk. Impression included left lumbar radiculopathy. Due to her renal compromise, NSAIDs had been ruled out. Gabapentin was increased to 600mg BID. The request was for compound of cyclobenzaprine powder and Gabapentin powder. According to the MTUS, Chronic Pain medical treatment guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. In addition, the guidelines add that the topical analgesics are largely experimental in use with few RCTs to determine their efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Cyclobenzaprine is not recommended by guidelines in a topical formulation. Gabapentin is not recommended as a topical medication per MTUS. So the request for Cyclobenzaprine/Gabapentin powder is not medically necessary or appropriate.