

<b>Case Number:</b>	CM14-0188056		
<b>Date Assigned:</b>	11/18/2014	<b>Date of Injury:</b>	11/17/2011
<b>Decision Date:</b>	01/06/2015	<b>UR Denial Date:</b>	10/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/11/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 35-year-old male who reported an injury on 11/17/2011. The mechanism of injury was not provided. Diagnoses included low back pain. Past treatments included medications. On the clinical note dated 08/14/2014, the injured worker complained of low back pain rated 3/10. The physical examination indicated tenderness to palpation at the L4, L5, and S1 paravertebral muscle regions bilaterally; a positive straight leg raise bilaterally; and the neurovascular exam was normal. Current medications included Naproxen, Omeprazole, and Norco. The request was for retrospective (Cyclobenzaprine 2%, Tramadol 10%, Flurbiprofen 20%) topical cream and (Gabapentin 10%, Lidocaine 5%, Tramadol 15%) topical cream. The rationale for the request was not submitted. The Request for Authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Cyclobenzaprine 2 percent, Tramadol 10 percent, Flurbiprofen 20 percent, 210gm #1: 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 Topical analgesics Page(s): 111-112.

**Decision rationale:** The request for retrospective request for Cyclobenzaprine 2%, Tramadol 10%, Flurbiprofen 20%, 210gm #1 is not medically necessary. The California MTUS Guidelines primarily recommended topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines state any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. This topical cream contains Cyclobenzaprine, Tramadol, and Flurbiprofen. The guidelines state there is no evidence for use of any other muscle relaxant as a topical product. The medical records lacked documentation indicating the injured worker to have been prescribed these topical analgesics. The medical records lacked documentation of a trial of antidepressants and anticonvulsants to have failed. The medical records lacked documentation of the efficacy of the medication, the timeframe of the efficacy, the functional improvement that the medication provides, and the pain rating pre and post medication. Additionally, the request does not indicate the frequency, dosage, or site of application of the medication. There is a lack of documentation indicating the rationale for topical creams versus oral medications. As such, the request for retrospective request for Cyclobenzaprine 2%, Tramadol 10%, Flurbiprofen 20%, 210gm #1 is not medically necessary.

**Retrospective request for Gabapentin 10 percent, Lidocaine 5 percent, Tramadol 15 percent, 210gm #1 TID: 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 Topical Analgesics Page(s): 111-112.

**Decision rationale:** The request for retrospective request for Gabapentin 10%, Lidocaine 5%, Tramadol 15%, 210gm #1 TID is not medically necessary. The California MTUS Guidelines primarily recommended topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines state any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. This topical cream contains Gabapentin, Lidocaine and Tramadol. The guidelines state Gabapentin is not recommended as there is no peer reviewed literature to support its use. Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first line therapy such as Gabapentin or Lyrica. Topical Lidocaine in the formulation of a dermal patch is the only commercially approved topical formulation of Lidocaine. The medical records lacked documentation indicating the injured worker to have been prescribed these topical analgesics. The medical records lacked documentation of a trial of antidepressants and anticonvulsants to have failed. The medical records lacked documentation of the efficacy of the medication, the timeframe of the efficacy, the functional improvement that the medication provides, and the pain rating pre and post medication. Additionally, the request does not indicate the frequency, dosage, or site of application of the medication. There is a lack of documentation indicating the rationale for topical creams versus oral medications. As such, the request for retrospective request for Gabapentin 10%, Lidocaine 5%, Tramadol 15%, 210gm #1 TID is not medically necessary.

