

<b>Case Number:</b>	CM14-0189934		
<b>Date Assigned:</b>	11/21/2014	<b>Date of Injury:</b>	02/15/2012
<b>Decision Date:</b>	01/08/2015	<b>UR Denial Date:</b>	10/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2014

### 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 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:

According to the records made available for review, the injured worker is a 61 year-old female with a date of injury of 02/15/2012. The results of the injury are noted to be due to repetitive work tasks and cumulative trauma. According to the treating physician's progress note, dated 09/17/2014, diagnoses include lumbar spine sprain/strain syndrome, cervical spine sprain/strain syndrome, and cervical and lumbar radiculopathy. Subjective reports from the injured worker include cervical pain which radiates to the shoulders and arms; occasional numbness and tingling in the arms; left shoulder pain; and low back pain which radiates down both legs. Physical examination lists restricted and painful ranges of motion, and paraspinal and cervical muscle tenderness to palpation. Treatments have included medications, epidural steroid injections, physical therapy, chiropractic sessions, and surgical interventions. Medications have included Norco, Prilosec, Amitiza, Ambien CR, and topical compounds including Flurbiprofen 20%, Lidocaine 2.5%, Amitriptyline 5% cream #150 gm; Cyclobenzaprine 10%, Gabapentin 10% gel #15; and Tramadol 20% cream #150 gm. Surgical interventions have included a lumbar surgery in 2012 and a left shoulder arthroscopic rotator cuff repair, SAD, Mumford, and LOA on 02/06/2014. Diagnostic studies have included a Magnetic Resonance Imaging (MRI) of the lumbar spine, dated 12/07/2012 which showed severe degenerative changes of the lumbar spine at the L4-L5 level with severe right and moderate left lateral recess narrowing as a result of the broad -based disc bulge; and moderate to severe right and moderate left foraminal narrowing due to a lateral extension of the disc bulge. An x-ray of the left shoulder, dated 02/12/2014, showed intact glenohumeral joint with appropriate decompression and Mumford. According to the progress note dated 09/24/2014, the treating physician reports that there are well-healing incisions to the left shoulder region and musculoskeletal exam includes normal light touch median, ulnar, radial, lateral antebrachial, and axillary nerve distribution. At this time, the

injured worker reports that she still has pain and stiffness in the shoulder and is slowly getting better. Request is being made for Medication Compounds 1) Flurbiprofen 20%, Lidocaine 2.5%, Amitriptyline 5% cream #150gm, and 2) Cyclobenzaprine 10%, Gabapentin 10% gel #15. On 10/31/2014, Utilization Review non-certified prescriptions for Medication Compounds 1) Flurbiprofen 20%, Lidocaine 2.5%, Amitriptyline 5% cream #150gm, and 2) Cyclobenzaprine 10%, Gabapentin 10% gel #15. Utilization Review non-certified prescriptions for Medication Compounds 1) Flurbiprofen 20%, Lidocaine 2.5%, Amitriptyline 5% cream #150gm, and 2) Cyclobenzaprine 10%, Gabapentin 10% gel #15 based on the compound drugs not being supported by evidence-based clinical data. The Utilization Review cited the CA MTUS. Application for independent medical review was made on 11/12/2014.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Compound medication: Flurbiprofen 20%, Lidocaine 2.5%, Amitriptyline 5% cream #150gm:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral non-steroidal anti-inflammatory drugs (NSAIDs) or other pain relievers for a patient with spinal and multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this chronic injury of 2012 without documented functional improvement from treatment already rendered. Therefore, this request is not medically necessary.

**Compound medication: Cyclobenzaprine 10%, Gabapentin 10% gel #15:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical

compound analgesic over oral non-steroidal anti-inflammatory drugs (NSAIDs) or other pain relievers for a patient with spinal and multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded muscle relaxant and anti-epileptic over oral formulation for this chronic injury of 2012 without documented functional improvement from treatment already rendered. Guidelines do not recommend long-term use of this muscle relaxant and anti-epileptic for this chronic injury without improved functional outcomes attributable to their use. Therefore, this request is not medically necessary.