

<b>Case Number:</b>	CM14-0200635		
<b>Date Assigned:</b>	12/10/2014	<b>Date of Injury:</b>	01/15/2014
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	11/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 Rehab, has a subspecialty in Interventional spine 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:

The patient is a 59 year old female with an injury date on 01/15/2014. Based on the 07/09/2014 progress report provided by the treating physician, the diagnoses are: 1. Neck strain 2. Bilateral wrist strain. According to this report, the patient complains of "7/10 bilateral wrist pain with radiation to the upper extremity also 5/10 neck pain with no radiation or associated numbness, tingling, muscle weakness or paralysis." Physical exam reveals tender to palpation in the radial aspect of both wrists and C4, C5, C6 paravertebral muscles. Pain is noted with cervical and bilateral wrist range of motion. The treatment plan is to request EMG study and MRI for the bilateral wrists, physical therapy, and compound cream. The utilization review denied the request for (1) Retro compound cream: Gabapentin 10%, Lidocaine 5%, Tramadol 15% #210 gm. and (2) Retro compound cream: Cyclobenzaprine 2%, Gabapentin 10%, Flurbiprofen 15% # 210 gm on 11/04/2014 based on the MTUS guidelines. The requesting physician provided treatment reports from 04/24/2014 to 09/05/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro: RX 07/09/2014 compound cream Gabapentin 10%, Lidocaine 5%, Tramadol 15% #210 gm: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Compounding Analgesics Page(s): 71.

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

**Decision rationale:** According to the 07/09/2014 report, this patient presents with 7/10 bilateral wrist pain and 5/10 neck pain. Per this report, the current request is for Retro: RX 07/09/2014 compound cream Gabapentin 10%, Lidocaine 5%, Tramadol 15% #210 gm. Regarding topical compounds, MTUS states that if one of the compounded products is not recommended then the entire compound is not recommended." MTUS further states, Lidocaine is only allowed in a patch form and not allowed in cream, lotion or gel forms. MTUS also does not support gabapentin as a topical product. In this case, gabapentin, Lidocaine, and Tramadol are not recommended for topical formulation. The current request is not medically necessary.

**Retro Rx 07/09/2014 compound cream, Cyclobenzaprine 2%, Gabapentin 10%, Flurbiprofen 15% # 210 gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Compounding Analgesics Page(s): 71.

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

**Decision rationale:** According to the 07/09/2014 report, this patient presents with 7/10 bilateral wrist pain and 5/10 neck pain. Per this report, the current request is for Retro Rx 07/09/2014 compound cream, Cyclobenzaprine 2%, Gabapentin 10%, Flurbiprofen 15% # 210 gm. regarding topical compounds, MTUS states that if one of the compounded products is not recommended then the entire compound is not recommended." MTUS further states Cyclobenzaprine topical, other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. MTUS also states "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." MTUS also does not support gabapentin as a topical product. In this case, Cyclobenzaprine and gabapentin are not recommended for topical formulation. The current request is not medically necessary.