

<b>Case Number:</b>	CM14-0205902		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	02/20/1996
<b>Decision Date:</b>	02/12/2015	<b>UR Denial Date:</b>	11/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2014

### 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 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 injured worker (IW) is a 63-year-old woman with a date of injury of February 20, 1996. The mechanism of injury was not documented in the medical record. The injured worker working diagnoses are cervical spine degenerative disc disease; left shoulder pain, carpal tunnel; and GERD, improved. There are 3 additional diagnoses that are illegible. Pursuant to a handwritten, largely illegible progress note dated April 30 2014, the IW reports she is stable on medications. She continues having chronic neck pain, and shoulder pain with tenderness. She reports she has not been able to make an appointment with the pain specialist. Objectively, there is positive tenderness in the neck with palpation. There is tenderness with passive range of motion. There is tenderness to shoulder with increased pain. The remainder of the progress note is illegible. There is an additional progress note from the treating physician in the medical record. However, the dated of the note is illegible along with all of its content. Current medications are illegible. The current request is for retro Amantadine 5%-Gabapentin 6%-Baclofen 2%-Cyclobenzaprine 2%-Flurbiprofen 10% 120 gram X 2.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Amantadine 5%/ Gabapentin 6%/ Baclofen 2%/ Cyclobenzaprine 2%/ Flurbiprofen 10%, 120gm times 2: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chapter: Pain Topical analgesics

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Topical Analgesics

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective Amantadine 5%, Gabapentin 6%, Baclofen 2%, Cyclobenzaprine 2% and Flurbiprofen 10% #120 gm times two refills are topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) is not recommended is not recommended. Topical cyclobenzaprine is not recommended. Topical gabapentin is not recommended. Topical baclofen is not recommended. Flurbiprofen is not FDA approved. In this case, the documentation is largely illegible. The legible diagnoses include cervical spine degenerative disc disease; left shoulder pain; carpal tunnel; Gastroesophageal reflux disease (GERD) improved. There are three remaining diagnoses that are not legible. The documentation does not contain any clinical indications or clinical rationale in the documentation. Additionally, the date of service is not legible. Topical cyclobenzaprine is not recommended. Topical gabapentin is not recommended. Topical baclofen is not recommended. Any compounded product that contains at least one drug (topical Cyclobenzaprine, Gabapentin and Baclofen) is not recommended is not recommended. Consequently, the request is not medically necessary.