

<b>Case Number:</b>	CM14-0080366		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	09/22/2010
<b>Decision Date:</b>	01/29/2015	<b>UR Denial Date:</b>	05/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/30/2014

### 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 65 year old male with an injury date on 09/22/2001. Based on the 040/09/2014 hand written progress report provided by the treating physician, the diagnoses are:1. Lumbar spine- Disc protrusion2. Right shoulder - tendonitis 3. HTN4. NIDDMAccording to this report, the patient complains of 2/10 low back pain with lower extremity numbness and tingling and 2/10 right shoulder pain. Physical exam reveals hypertonicity of the lumbar paraspinal muscle and positive straight leg raise.The treatment plan is to request for Pain Management consult, I.M consult, prescribed creams, refer to general Ortho., refer to NS/spine, NIOSH, and patient is to return in 4 weeks for a follow-up visit. The patient is to "return to modified work from 04/09/2014 to 05/09/2014." There were no other significant findings noted on this report. The utilization review denied the request for Flubi 20%, Trama 20%, Cyclo 4% and Gaba 10%, Amitrip 10%, Dextro 10% on 05/07/2014 based on the MTUS guidelines. The requesting physician provided treatment reports from 01/09/2014 to 07/10/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flubi 20%/Tramadol 20%/Cyclobenzaprine 4%:** 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): 111-113.

**Decision rationale:** According to the 04/09/2014 report, this patient presents with 2/10 low back pain with lower extremity numbness and tingling and 2/10 right shoulder pain. The current request is for Flubi 20%/Tramadol 20%/Cyclobenzaprine 4%. 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. In this case, Cyclobenzaprine cream is not recommended for topical formulation. The current request is not medically necessary.

**Gaba 10%, Amitrip 10%, Dextro 10%:** 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 Cream Page(s): 111-113.

**Decision rationale:** According to the 04/09/2014 report, this patient presents with 2/10 low back pain with lower extremity numbness and tingling and 2/10 right shoulder pain. The current request is for GABA 10%, Amitrip 10%, Dextro 10%. 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 "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. The current request is not medically necessary.