

<b>Case Number:</b>	CM15-0132895		
<b>Date Assigned:</b>	07/21/2015	<b>Date of Injury:</b>	05/23/2013
<b>Decision Date:</b>	09/24/2015	<b>UR Denial Date:</b>	06/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Family Practice

### 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 44-year-old, female who sustained a work related injury on 5/23/13. The diagnoses have included thoracic spine pain, thoracic spine herniated nucleus pulposus, thoracic spine degenerative disc disease, lumbar spine pain, lumbar spine herniated nucleus pulposus, lumbar spine degenerative disc disease, lumbar radiculopathy, bilateral knee internal derangement, left knee effusion and left knee Baker's cyst. Treatments have included oral medications, topical pain creams, physical therapy with benefit, and acupuncture with benefit and activity restrictions. In the PR-2 dated 3/12/15, the injured worker complains of dull, achy, oftentimes sharp and stabbing mid back pain and muscle spasms. She rates her pain level a 6/10. She describes the pain as intermittent to constant, moderate to severe. This pain is made worse with prolonged positioning including sitting, standing, walking, bending forward and to the sides, twisting and reaching above shoulder level. She complains of sharp, stabbing low back pain and muscle spasms. She rates this pain level a 6-7/10. She describes this pain as constant and moderate to severe. She has pain that travels down both legs, right greater than left, with associated numbness and tingling. This pain is made worse with sitting, standing, walking, bending, and arising from a sitting position, going up or down stairs and stooping. Her pain is also made worse by performing activities of daily living. She complains of dull and achy bilateral knee pain. She rates the right knee pain 6/10 and the left knee pain a 7/10. Pain in knees made worse with squatting, kneeling, going up or down stairs weight bearing, standing and walking. She has +2 palpable tenderness over spinous processes T3, T4 and T5. She has bilateral paraspinal muscle guarding. She has decreased range of motion in thoracic spine. She ambulates with an abnormal gait. She has tenderness to palpation at the quadratus lumborum

muscles, bilaterally. There is +2 palpable tenderness over the spinous processes L3, L4 and L5. She has decreased range of motion in her lumbar spine. She has positive straight leg raises with both legs. She has +2 tenderness to palpation over the medial and lateral joint lines bilaterally. She has +2 tenderness at the patellofemoral joint of the right knee. She has decreased range of motion in both knees. She has muscle strength in both legs. She states the medications give her temporary relief of pain and improve her sleep. She is not working. The treatment plan includes refills of medications and creams.

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

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

**Cyclobenzaprine 2% Flurbiprofen 25%, quantity 180gms, apply three times a day for pain:** 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): 110-112.

**Decision rationale:** According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines state that there is little to no research to support the use of many these agents. Specifically, the MTUS guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical muscle relaxants are not supported and topical NSAIDs are supported only during the first 2 weeks of treatment for osteoarthritis. The request for Cyclobenzaprine 2% Flurbiprofen 25%, quantity 180gms, applies three times a day for pain is not medically necessary and appropriate.

**Cyclobenzaprine 2%, Gabapentin 15%, Amitriptyline 10% quantity 180gms apply three times a day for pain:** 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): 110-112.

**Decision rationale:** According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines state that there is little to no research to support the use of many these agents. Specifically, the MTUS guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The MTUS guidelines state that topical Gabapentin is not recommended and there is no peer-reviewed literature to support use. Muscle relaxants such as Cyclobenzaprine are not supported in a topical application. The

request for Cyclobenzaprine 2%, Gabapentin 15%, Amitriptyline 10% quantity 180gms apply three times a day for pain is not medically necessary and appropriate.