

<b>Case Number:</b>	CM15-0143538		
<b>Date Assigned:</b>	08/04/2015	<b>Date of Injury:</b>	08/04/2011
<b>Decision Date:</b>	09/24/2015	<b>UR Denial Date:</b>	06/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 60 year old female, who sustained an industrial injury on 8-4-2011. The mechanism of injury was a trip and fall. The injured worker was diagnosed as having cervicalgia, lumbago, lumbar stenosis, lumbar 4-5 retrolisthesis and left lateral epicondylitis. There is no record of a recent diagnostic study. Treatment to date has included physical therapy, acupuncture and medication management. In a progress note dated 5-20-2015, the injured worker complains of neck pain radiating to the bilateral upper extremities and back pain radiating occupational therapy the bilateral lower extremities. Physical examination showed decreased cervical motion with spasm and tenderness, left lateral epicondyle tenderness and decreased lumbar range of motion. The treating physician is requesting Cyclobenzaprine 10%-Gabapentin 5%-Lidocaine 5%-Capsaicin 0.025%.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 10%/Gabapentin 5%/Lidocaine 5%/Capsaicin 0.025%:: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

**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, cyclobenzaprine 10%/gabapentin 5%/lidocaine 5%/ Capsaisin 0.025% is not medically necessary. 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) that is not recommended is not recommended. Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic pain. In this case, the injured worker's working diagnoses are cervicalgia; lumbago; lumbar stenosis; lumbar L4-L5mm retrolisthesis of unknown stability; and left lateral epicondylitis. Date of injury is August 4, 2011. Request authorization is June 17, 2015. According to a single progress note in the medical record by the requesting provider dated May 20, 2015, the injured worker's subjective complaints are neck pain that radiates to bilateral trapezius and upper extremities, back pain in wrist pain. Medications include Prilosec, over-the-counter Tylenol and Aleve. The treatment plan specifies a compound cream. The request for authorization specifies the ingredients. There is no quantity specified. There are no directions specified in the progress note. Topical cyclobenzaprine is not recommended. Topical gabapentin is not recommended. Lidocaine in non-Lidoderm form is not recommended. Any compounded product that contains at least one drug (cyclobenzaprine, gabapentin and lidocaine in non-Lidoderm form) that is not recommended is not recommended. Consequently, cyclobenzaprine 10%/gabapentin 5%/lidocaine 5%/ Capsaisin 0.025% is not recommended. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, cyclobenzaprine 10%/gabapentin 5%/lidocaine 5%/ Capsaisin 0.025% is not medically necessary.