

<b>Case Number:</b>	CM15-0147575		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	10/25/2013
<b>Decision Date:</b>	09/04/2015	<b>UR Denial Date:</b>	06/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 63-year-old male who sustained an industrial injury on October 25, 2013 resulting in continuous sharp lower back pain, left knee pain, right shoulder pain, and right elbow pain and tingling. He was diagnosed with lumbar spine musculoligamentous injury with discopathy; right shoulder impingement syndrome, acromioclavicular arthrosis and bicipital tendonitis; right elbow strain; and, left knee internal derangement, medial meniscopathy, chondromalacia patella. Documented provided treatment has included physical therapy, left knee arthroscopy and medication with no results provided. The injured worker continues to report shoulder and back pain. The treating physician's plan of care includes retro request for Flurbiprofen 20 percent, Gabapentin 10 percent, Cyclobenzaprine 10 percent, and Tramadol 20 percent from March 31, 2014. He is presently not working.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro Flurbiprofen 20 Percent, Gabapentin 10 Percent, Cyclobenzaprine 10 Percent, Tramadol 20 Percent DOS 3/31/14: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

**Decision rationale:** MTUS and ODG recommend usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed". The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended". MTUS states regarding topical muscle relaxants, "Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Topical cyclobenzaprine is not indicated for this usage, per MTUS. MTUS states that topical Gabapentin is "Not recommended". And further clarifies, "Antiepilepsy drugs: There is no evidence for use of any other antiepilepsy drug as a topical product". Topical cyclobenzaprine and Gabapentin is not indicated for this usage, per MTUS. As such, the request for Retro Flurbiprofen 20 Percent, Gabapentin 10 Percent, Cyclobenzaprine 10 Percent, Tramadol 20 Percent DOS 3/31/14 is not medically necessary.