

<b>Case Number:</b>	CM15-0189146		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	02/26/2015
<b>Decision Date:</b>	11/17/2015	<b>UR Denial Date:</b>	08/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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: Arizona, 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:

This is a 24 year old male with a date of injury on 2-26-15. A review of the medical records indicates that the injured worker is undergoing treatment for right upper extremity, right hand and wrist. Progress report dated 7-21-15 reports neck pain radiating down to bilateral shoulders, elbows and bilateral wrist. The pain is moderate and is described as aching, numb, sharp, shooting and tingling. Current and average pain level is 8 out of 10, the best is 6 out of 10 and the worst is 9 out of 10. Objective findings: cervical range of motion is normal except limited with cervical extension, upper extremity range of motion is limited, right worse than the left. Treatments include: medication, physical therapy, partial amputation of the 3rd and 4th fingers. According to the medical records note dated 6-30-15 the injured worker was not taking any medications. Request for authorization dated 7-31-15 was made for Cyclobenzaprine 2 percent, Flurbiprofen 25 percent 180 g unspecified quantity and refills and Gabapentin 15 percent, Dextromethorphan 10 percent, amitriptyline 4 percent 180 g unspecified quantity and refills for management of symptoms related to upper extremities and as an outpatient. Utilization review dated 8-25-15 non-certified the requests.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 2%/Flurbiprofen 25% 180g, unspecified quantity and refills: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. 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. Topical muscle relaxants such as Cyclobenzaprine are not recommended due to lack of evidence. Flurbiprofen is a topical NSAID. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant does not have arthritis and long term use is not indicated. There are diminishing effects after 2 weeks. Topical NSAIDS can reach systemic levels similar to oral NSAIDS. The claimant was on oral NSAIDS as well as another topical analgesic. Since the compound above contains these topical medications, the Cyclobenzaprine 2%/Flurbiprofen 25% is not medically necessary.

**Gabapentin 15%/Dextromethorphan 10%/Amitriptyline 4% 180g, unspecified quantity and refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. 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. Topical anti epileptics such as Gabapentin are not recommended due to lack of evidence. The claimant was on topical NSAIDS as well as another topical medication without indication of reduction. Since the compound above contains these topical medications, the Gabapentin 15%/Dextromethorphan 10%/Amitriptyline 4% 180g is not medically necessary.