

<b>Case Number:</b>	CM15-0027160		
<b>Date Assigned:</b>	02/19/2015	<b>Date of Injury:</b>	06/24/2001
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	01/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2015

### 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: Texas, 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 41 year old male patient with an industrial injury dated 06/24/2001. He reports the injury occurred during an altercation while employed as a security guard resulting in injury to lumbar spine. The diagnoses include lumbago, lumbar facet joint pain, sacroiliac joint pain, lumbar neuritis and chronic pain syndrome. Per the doctor's note dated 12/19/2014, he had complaints of lumbar spine pain. The provider documents there are no current opiate related issues, medications are effective in reducing pain by 50%, urine toxicology has been appropriate and there is an updated opiate contract with the injured worker. Physical examination revealed diffuse bilateral paravertebral lumbar spine tenderness, bilateral lumbar 3-4, lumbar 4-5 and lumbar 5-sacral 1 facet joint line severe tenderness and bilateral sacroiliac joint tenderness and positive Kemp's, Patrick's, Jump and Minor's sign. Office visit dated 01/13/2015 is essentially unchanged from the 12/19/2014 visit. The current medications list includes hydrocodone/APAP, cyclobenzaprine, amitriptyline, gabapentin, omeprazole and topical compound cream. He has had lumbar facet joint medial branch blocks, chiropractic treatment and medications for this injury. On 01/31/2015 utilization review issued the following decisions: The request for Cyclobenzaprine 10 mg # 90 was non-certified. The request for Gabapentin 300 mg # 90 was non-certified. The request for Ketoprofen 20%, Cyclobenzaprine 20%, and Tramadol 20% was non-certified. MTUS was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 10mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available) Page(s): 64.

**Decision rationale:** Request: Cyclobenzaprine 10mg #90 Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. According to California MTUS, Chronic pain medical treatment guidelines, Cyclobenzaprine is "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use" Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects. It has a central mechanism of action, but it is not effective in treating spasticity from cerebral palsy or spinal cord disease. According to the records provided patient had lumbar spine pain. According to the cited guidelines Flexeril is recommended for short term therapy and not recommended for longer than 2-3 weeks. The level of the pain with and without medications is not specified in the records provided. The need for Cyclobenzaprine Hydrochloride on a daily basis with lack of documented improvement in function is not fully established. Evidence of muscle spasm or an acute exacerbation in a recent note is not specified in the records provided. The need for 90 tablets of Cyclobenzaprine 10mg, as submitted, was not deemed medically necessary. The medical necessity of Cyclobenzaprine 10mg #90 is not established for this patient.

**Gabapentin 300mg #90: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Specific Anti-Epilepsy Drugs: Gabapentin (Neurontin, Gabarone, generic available) Page(s): 18-19.

**Decision rationale:** Request: Gabapentin 300mg #90 Gabapentin is an anti-epileptic drug. According to the CA MTUS Chronic pain guidelines "Gabapentin (Neurontin) has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." Per the cited guidelines, "CRPS: Recommended as a trial. (Serpell, 2002) Fibromyalgia: Recommended as a trial. (Arnold, 2007) Lumbar spinal stenosis: Recommended as a trial, with statistically significant improvement found in walking distance, pain with movement, and sensory deficit found in a pilot study." Per the records provided he had complains of lumbar spine pain. Physical examination revealed diffuse bilateral paravertebral lumbar spine tenderness, bilateral lumbar 3-4, lumbar 4-5 and lumbar 5-sacral 1 facet joint line severe tenderness and bilateral sacroiliac joint tenderness and positive Kemp's, Patrick's, Jump and Minor's sign with diagnosis of lumbar neuritis. There is objective evidence of conditions that cause chronic pain. Gabapentin is recommended as an

option for treating chronic pain. The notes state that he had 50% relief with medications. This request for Gabapentin 300mg #90 is deemed medically appropriate and necessary in this patient.

**Compound Transdermal Cream: Ketoprofen 20%, Cyclobenzaprine 20%, Tramadol 20%:**  
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:** Request: Compound Transdermal Cream: Ketoprofen 20%, Cyclobenzaprine 20%, Tramadol 20%. Ketoprofen is a NSAID and cyclobenzaprine is a muscle relaxant. The MTUS Chronic Pain Guidelines regarding topical analgesics state, "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. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants,)." (Argoff, 2006) 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. Topical NSAIDs- There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use. Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photo contact dermatitis. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Response of antidepressants and anticonvulsants for this injury is not specified in the records provided. Intolerance to oral medication is not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Cyclobenzaprine and ketoprofen are not recommended by MTUS for topical use as cited below because of the absence of high grade scientific evidence to support their effectiveness. The medical necessity of Compound Transdermal Cream: Ketoprofen 20%, Cyclobenzaprine 20%, Tramadol 20% is not fully established for this patient.