

<b>Case Number:</b>	CM15-0217120		
<b>Date Assigned:</b>	11/09/2015	<b>Date of Injury:</b>	07/11/2015
<b>Decision Date:</b>	12/18/2015	<b>UR Denial Date:</b>	10/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2015

### 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: Emergency 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 39 year old female, who sustained an industrial injury on 7-11-15. The injured worker was being treated for lumbar myofascial pain and L3-4 degenerative disc disease. On 9-22-15, the injured worker complains of mechanical midback to low back pain which is unchanged from previous visit. She is temporarily partially disabled. Physical exam performed on 8-11-15 and on 9-22-15 revealed diffuse tenderness throughout the thoracolumbar spine with restricted range of motion. Treatment to date has included prescriptions for Soma and activity modifications. The treatment plan included request for Tramadol 150 #30, Anaprox 550mg #90 and Ketoprofen 10 percent, Gabapentin 6 percent, Bupivacaine 5 percent Baclofen 2 percent Cyclobenzaprine 2 percent, Clonidine 0.2 percent & Hyaluronic acid 2 percent, 300gm 3 times a day, #1 x3 refills. There is no documentation of neuropathic pain or tried and failed antidepressants.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topical analgesic: Ketoprofen 10 percent, Gabapentin 6 percent, Bupivacaine 5 percent Baclofen 2 percent Cyclobenzaprine 2 percent, Clonidine 0.2 percent & Hyaluronic acid 2 percent, 300gm tid, #1 x 3 refills: Upheld**

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

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

**Decision rationale:** The requested Topical analgesic: Ketoprofen 10 percent, Gabapentin 6 percent, Bupivacaine 5 percent Baclofen 2 percent Cyclobenzaprine 2 percent, Clonidine 0.2 percent & Hyaluronic acid 2 percent, 300gm tid, #1 x3 refills, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants." The injured worker has mechanical midback to low back pain which is unchanged from previous visit. Physical exam performed on 8-11-15 and on 9-22-15 revealed diffuse tenderness throughout the thoracolumbar spine with restricted range of motion. The treating physician has not documented trials of anti-depressants or anti convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Topical analgesic: Ketoprofen 10 percent, Gabapentin 6 percent, Bupivacaine 5 percent Baclofen 2 percent Cyclobenzaprine 2 percent, Clonidine 0.2 percent & Hyaluronic acid 2 percent, 300gm tid, #1 x3 refills is not medically necessary.