

<b>Case Number:</b>	CM15-0032164		
<b>Date Assigned:</b>	02/25/2015	<b>Date of Injury:</b>	02/27/2002
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	02/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2015

### 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: Physical Medicine & Rehabilitation

### 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 46-year-old female reported a work-related injury on 02/27/2002. According to the progress notes from the treating provider dated 2/16/15, the injured worker (IW) reports sharp pain in the right wrist going up the right arm. Diagnoses include reflex sympathetic dystrophy. Previous treatments were listed as medications and surgery. The treating provider requests one prescription of topical compound Cyclobenzaprine 10% and Gabapentin 10% cream. The Utilization Review on 02/18/2015 non-certified the request for one prescription of topical compound Cyclobenzaprine 10% and Gabapentin 10% cream. Reference cited was CA MTUS Chronic Pain Medical Treatment Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of topical compound Cyclobenzaprine 10% and Gabapentin 10% cream:**

Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

**Decision rationale:** The patient was injured on 02/27/2002 and presents with sharp pain in the right wrist going up to the right arm. The request is for TOPICAL COMPOUND CYCLOBENZAPRINE 10% AND GABAPENTIN 10% CREAM. There is no RFA provided, and the patient is permanently disabled. The patient is diagnosed with reflex sympathetic dystrophy. MTUS has the following regarding topical creams (page 111, Chronic Pain section), Topical analgesics: Nonsteroidal antiinflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent, and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but neither not afterward, or with a diminishing effect over another 2 week period. Cyclobenzaprine is a muscle relaxant and is not supported for any topical formulation. "Gabapentin: Not recommend. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." The patient's right hand has a restricted range of motion, allodynia is noted over, tenderness to palpation is noted over the thenar eminence. MTUS Guidelines states, "Any compounded product that contain at least one (or drug class) that is not recommended is not recommended." In this case, neither cyclobenzaprine nor gabapentin are supported in a topical formulation. Therefore, the whole compound is not supported. The requested compounded medication IS NOT medically necessary.