

<b>Case Number:</b>	CM15-0033426		
<b>Date Assigned:</b>	02/26/2015	<b>Date of Injury:</b>	05/12/2013
<b>Decision Date:</b>	04/09/2015	<b>UR Denial Date:</b>	02/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 28 year old male, who sustained an industrial injury on May 12, 2013. He has reported neck, shoulder and upper extremity pain. The diagnoses have included sprain of the shoulder and upper arm, cervical sprain/strain, elbow sprain/strain and wrist sprain/strain. Treatment to date has included radiographic imaging, diagnostic studies, conservative therapies, pain medications and work restrictions. Currently, the IW complains of continued neck, shoulder and arm pain. The injured worker reported an industrial injury in 2013, resulting in continuing pain in the neck, wrists, arms and shoulders. He was treated conservatively without resolution of the pain. Evaluation on July 2, 2104, revealed continued pain. Therapies, pain medications, hot and cold packs and a neurosurgeon consultation was ordered. On February 10, 2015, Utilization Review non-certified a request for Retrospective Gabapentin 15%/ Amitriptyline 4%/ Dextromethorphan 10% 180gm, Cyclobenzaprine 2%/Flurbiprofen 25% 180gm (dispensed 11/20/2014) , noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On February 19, 2015, the injured worker submitted an application for IMR for review of requested Retrospective Gabapentin 15%/ Amitriptyline 4%/ Dextromethorphan 10% 180gm, Cyclobenzaprine 2%/Flurbiprofen 25% 180gm (dispensed 11/20/2014).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Gabapentin 15%/ Amitriptyline 4%/ Dextromethorphan 10% 180gm, Cyclobenzaprine 2%/ Flurbiprofen 25% 180gm (dispensed 11/20/2014): 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.

**Decision rationale:** According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no evidence that Cyclobenzaprine or any other compound of the topical analgesic is recommended as topical analgesics for chronic back pain. Flurbiprofen, a topical analgesic is not recommended by MTUS guidelines. Based on the above the retrospective request of Gabapentin 15%/ Amitriptyline 4%/ Dextromethorphan 10% 180gm, Cyclobenzaprine 2%/ Flurbiprofen 25% 180gm is not medically necessary.