

<b>Case Number:</b>	CM15-0050189		
<b>Date Assigned:</b>	03/23/2015	<b>Date of Injury:</b>	08/13/2013
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2015

### 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:

The injured worker is a 73 year old male who sustained a work related injury on August 13, 2013, while working as a forklift driver incurring multiple trauma type of injuries. He complained of neck pain with a tingling sensation radiating down both arms, muscle weakness, and impaired balance, shoulder pain, wrists pain, lower back, knees and ankle pain. He was diagnosed with cervical disc disease with disc protrusions, radiculopathy, shoulder internal derangement, bilateral wrists tenosynovitis, lumbar radiculopathy, bilateral knee internal derangement and bilateral ankle sprain. Treatment included physical therapy, acupuncture sessions, pain management and electromyogram studies. Currently, the injured worker complained of persistent generalized pain. The treatment plan that was requested for authorization included a prescription for Cyclobenzaprine, Gabapentin, Amitriptyline Cream and a prescription for Capsaicin, Flurbiprofen, Gabapentin, Menthol, Camphor Cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**180gm Cyclobenzaprine 2 percent; Gabapentin 15 percent; Amitriptyline 10 percent:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 13, 111-113.

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

**Decision rationale:** The patient was injured on 08/13/13 and presents with burning radicular neck pain, bilateral shoulder pain radiating down the arms to the fingers, bilateral wrist pain, radicular low back pain, bilateral ankle pain, and bilateral knee pain. The request is for 180 GM Cyclobenzaprine 2%, Gabapentin 15%, Amitriptyline 10%. The RFA is dated 01/23/15 and the patient is on temporary total disability from 02/24/15- 03/23/15. The patient has been using this topical cream as early as 04/25/14. MTUS Guidelines for muscle relaxants state the following: "Recommended for a short course of therapy. Limited, mixed evidence does not allow for a recommendation for chronic use." MTUS Guidelines for muscle relaxants for pain page 63 states the following: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in the patients with chronic LBP." Regarding topical products, MTUS Guidelines pages 111 - 112 state that topical NSAIDs are effective for peripheral joint arthritis/tendinitis. Regarding the cervical spine, the patient has tenderness to palpation at the suboccipital region and over the trapezius and scalene muscles. The shoulder has tenderness at the delto-pectoral groove and at the insertion of the supraspinatus muscle. The wrist has tenderness to palpation over the carpal bones and over the thenar and hypothenar eminence bilaterally. The patient ambulates with a cane and there is palpable tenderness at the lumbar paraspinal muscles and over the lumbosacral junction. There is tenderness to palpation over the medial and lateral joint line of the bilateral knee as well as over the medial and lateral malleolus of the bilateral ankle. Cyclobenzaprine is a muscle relaxant and is not supported for any topical formulation. Per MTUS, gabapentin is not recommended in any topical formulation either. MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." Therefore, the entire compounded cream is not supported. The requested topical compound cyclobenzaprine 2%, gabapentin 15%, amitriptyline 10% IS NOT medically necessary.

**180gm; Capsaicin 0.025 percent; Flurbiprofen 15 percent; Gabapentin 10 percent; Menthol 2 percent; Camphor 2 percent: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 13, 111-113.

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

**Decision rationale:** The patient was injured on 08/13/13 and presents with burning radicular neck pain, bilateral shoulder pain radiating down the arms to the fingers, bilateral wrist pain, radicular low back pain, bilateral ankle pain, and bilateral knee pain. The request is for 180 GM Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2%. The RFA is dated 01/23/15 and the patient is on temporary total disability from 02/24/15- 03/23/15. The patient has been using this topical cream as early as 04/25/14. MTUS has the following regarding

topical creams (page 111, chronic pain section), "Topical analgesics: Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy and 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 either not afterward, or with a diminishing effect over another 2-week period." Flurbiprofen is an NSAID indicated for peripheral joint arthritis/tendinitis. MTUS Guidelines page 111 also has the following regarding topical creams, "Topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety." Gabapentin: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. MTUS Guidelines allows capsaicin for chronic pain condition such as fibromyalgia, osteoarthritis, and nonspecific low back pain. Regarding the cervical spine, the patient has tenderness to palpation at the suboccipital region and over the trapezius and scalene muscles. The shoulder has tenderness at the delto-pectoral groove and at the insertion of the supraspinatus muscle. The wrist has tenderness to palpation over the carpal bones and over the thenar and hypothenar eminence bilaterally. The patient ambulates with a cane and there is palpable tenderness at the lumbar paraspinal muscles and over the lumbosacral junction. There is tenderness to palpation over the medial and lateral joint line of the bilateral knee as well as over the medial and lateral malleolus of the bilateral ankle. MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." Since Gabapentin is not supported in a topical formulation, the whole compound is not supported. Furthermore, the patient does not present with osteoarthritis as indicated by MTUS Guidelines for flurbiprofen and capsaicin. The requested compounded medication IS NOT medically necessary.