

<b>Case Number:</b>	CM15-0058634		
<b>Date Assigned:</b>	04/03/2015	<b>Date of Injury:</b>	07/02/2010
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	03/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 66 year old female, who sustained an industrial injury on 7/02/2010. Diagnoses include sciatica, degeneration of intervertebral disc, chronic pain syndrome, knee pain, degeneration of lumbar intervertebral disc, opioid dependence, lumbosacral spondylosis without myelopathy, low back pain, neck pain, anxiety state, psychophysiologic disorder and depressive disorder. Treatment to date has included medications, physical therapy, diagnostics, aqua therapy and home exercise. Per the Primary Treating Physician's Progress Report dated 1/26/2015, the injured worker reported bilateral low back pain with radiation and numbness to the lower extremities. Pain was rated as 10/10. Physical examination revealed braces on both lower extremities. She was not asked to walk because she had just finished physical therapy. The plan of care included medications and authorization was requested for Cyclobenzaprine, Flurbiprofen and Gabapentin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 10% cream quantity 30gm:** Upheld

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

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

**Decision rationale:** This 66 year old female has complained of low back pain and knee pain since date of injury 7/2/10. She has been treated with physical therapy and medications. The current request is for Cyclobenzaprine 10% cream. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, Cyclobenzaprine 10% cream is not indicated as medically necessary.

**Flurbiprofen 20% cream quantity 30gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs.

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

**Decision rationale:** This 66 year old female has complained of low back pain and knee pain since date of injury 7/2/10. She has been treated with physical therapy and medications. The current request is for Flurbiprofen 20% cream. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, Flurbiprofen 20% cream is not indicated as medically necessary.

**Gabapentin 10% cream, quantity 30gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs.

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

**Decision rationale:** This 66 year old female has complained of low back pain and knee pain since date of injury 7/2/10. She has been treated with physical therapy and medications. The current request is for Gabapentin 10% cream. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, Gabapentin 10% cream is not indicated as medically necessary.

