

<b>Case Number:</b>	CM15-0059092		
<b>Date Assigned:</b>	04/03/2015	<b>Date of Injury:</b>	10/12/2007
<b>Decision Date:</b>	05/14/2015	<b>UR Denial Date:</b>	03/26/2015
<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: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 is a 40 year old female patient who sustained an industrial injury on 10/12/07. The diagnoses have included cervicalgia, cervical facet joint syndrome, thoracic spine pain, right subscapular pain and left shoulder pain. Per the physician progress note dated 3/13/15, she had complaints of chronic neck pain. She reported at her follow up appointment that she had 80 percent pain relief, functional gain and activities of daily living (ADL) improvement with recent myoblock injection on 2/26/15. She reported that the shoulder was still a little stiff but overall was happy with results. She plans to go to the chiropractor on a monthly basis. The physical examination revealed decreased tenderness and tightness in the cervical area bilaterally, improved cervical range of motion, multiple trigger points palpated in the trapezius area, tenderness noted over the thoracic spine and limited thoracic range of motion. The current medications list includes voltaren gel, kokua cream, lidoderm patch and flector patch. She has had Injections and chiropractic sessions. She has had the Magnetic Resonance Imaging (MRI) of the cervical spine on 10/16/08.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound of gabapentin 6%, Baclofen 2%, Cyclobenzaprine 2%, Flurbiprofen 10% 360gm with 1 refill: Upheld**

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

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

**Decision rationale:** Request: Compound of gabapentin 6%, Baclofen 2%, Cyclobenzaprine 2%, Flurbiprofen 10% 360gm with 1 refill Flurbiprofen is an NSAID, cyclobenzaprine and baclofen are muscle relaxants and gabapentin is anti convulsant. The cited Guidelines regarding topical analgesics state: Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended Topical NSAIDs. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. Gabapentin: Not recommended. There is no peer-reviewed literature to support use. The cited guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Failure of antidepressants and anticonvulsants for this injury is not specified in the records provided. Intolerance to oral medication is not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Cyclobenzaprine, baclofen and gabapentin are not recommended by the cited guidelines for topical use as cited below because of the absence of high-grade scientific evidence to support their effectiveness. The medical necessity of Compound of gabapentin 6%, Baclofen 2%, Cyclobenzaprine 2%, Flurbiprofen 10% 360gm with 1 refill is not fully established for this patient and is not medically necessary.