

<b>Case Number:</b>	CM15-0061859		
<b>Date Assigned:</b>	04/07/2015	<b>Date of Injury:</b>	09/12/2012
<b>Decision Date:</b>	05/07/2015	<b>UR Denial Date:</b>	03/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 39 year old male, who sustained an industrial injury on 09/12/2012. He has reported injury to the low back and bilateral hips. The diagnoses have included multilevel lumbar disc disease; and lumbar radiculopathy. Treatment to date has included medications, diagnostics, acupuncture, and physical therapy. Medications have included compounded transdermal creams. A progress note from the treating physician, dated 01/13/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of ongoing low back pain and stiffness; pain radiates to both hips, buttocks, and both lower extremities with numbness, tingling, and weakness; pain is rated at 8/10 on the visual analog scale; prior treatments have not helped; and he wishes to continue conservative treatment. Objective findings have included tenderness to palpation and spasm in the lumbar paravertebral area, more on the left side; tenderness over the left sciatic notch; and straight leg raise is positive on the left. The treatment plan has included the request for Retrospective Cyclobenzaprine 2 percent, Gabapentin 15 percent, Amitriptyline 10 percent, 180 gm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Cyclobenzaprine 2 percent, Gabapentin 15 percent, Amitriptyline 10 percent, 180 gm: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Topical Analgesics.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective Cyclobenzaprine 2%, gabapentin 15% and amitriptyline 10% #180 g is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical gabapentin is not recommended. Topical Cyclobenzaprine is not recommended. In this case, the injured worker's working diagnoses are multilevel lumbar disc disease; and lumbar radiculopathy. There is no clinical indication a rationale in the medical record for using topical analgesics. There are no objective clinical findings of radiculopathy or neuropathy in the record. Topical gabapentin is not recommended. Topical Cyclobenzaprine is not recommended. Any compounded product that contains at least one drug (topical gabapentin and Cyclobenzaprine) that is not recommended is not recommended. Consequently, retrospective Cyclobenzaprine 2%, gabapentin 15% and amitriptyline 10% #180 g is not recommended. Based on clinical information and medical records and peer-reviewed evidence-based guidelines, retrospective Cyclobenzaprine 2%, gabapentin 15% and amitriptyline 10% #180g is not medically necessary.