

<b>Case Number:</b>	CM15-0062060		
<b>Date Assigned:</b>	04/08/2015	<b>Date of Injury:</b>	03/01/2000
<b>Decision Date:</b>	05/07/2015	<b>UR Denial Date:</b>	03/03/2015
<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

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 79 year old female, who sustained an industrial injury on 3/1/00. She reported initial complaints of total body pain. The injured worker was diagnosed as having hand and joint pain, spinal stenosis of lumbar region. Treatment to date has included oral and topical medication, aquatic therapy, and surgery (left arm fracture 2012 with steel plate implant). Electroconduction study was reported as normal. Currently, the injured worker complains of continued total body pain, chronic fatigue, and problems sleeping. Per the primary physician's progress report (PR-2) of 10/21/14, back pain was reported as getting worse. There was pain and stiffness in the hands. Examination revealed no new joint swelling, normal neurological exam, and no rheumatoid deformities. The requested treatments include retro Cyclobenzaprine / Gabapentin / Lidocaine / Capsaicin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro Cyclobenzaprine/Gabapentin/Lidocaine/Capsaicin DOS 12/03/14:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pages 111-113.

**Decision rationale:** Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded muscle relaxant, anti-epileptic over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. Additionally, Guidelines do not recommend long-term use of this muscle relaxant and anti-seizure medications for this chronic injury without improved functional outcomes attributable to their use. The Retro Cyclobenzaprine / Gabapentin / Lidocaine / Capsaicin DOS 12/03/14 is not medically necessary and appropriate.