

<b>Case Number:</b>	CM15-0083337		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	02/24/2010
<b>Decision Date:</b>	06/03/2015	<b>UR Denial Date:</b>	03/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 53-year-old male sustained an industrial injury to the low back on 2/24/10. Previous treatment included magnetic resonance imaging, bilateral sacroiliac joint fusion, physical therapy, home exercise and medications. In a pain medicine evaluation dated 9/30/14, the physician indicated that the injured worker was currently weaning off Norco, rated his pain 7-8/10 on the visual analog scale and was prescribed Ibuprofen pain cream. In the most recent PR-2 submitted for review, dated 11/25/14, the injured worker was continuing with his Norco wean. The injured worker complained of ongoing pain 7-8/10 on the visual analog scale. Objective findings were difficult to decipher. Current diagnoses included status post bilateral sacroiliac joint fusion, chronic low back pain and paresthesias. The treatment plan included continuing with Norco wean, continuing medications (Flexeril and Neurontin), discontinuing Tizanidine and continuing home exercise. No documentation was submitted for date of service 1/16/15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective compound Cyclobenzaprine / Gabapentin for DOS 1/16/2015: 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 (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113 Page(s): 60, 111-113.

**Decision rationale:** The claimant is more than five years status post work-related injury. He underwent fusion of the left sacroiliac joint in 2012 and right sacroiliac joint in March 2014. When seen, he had ongoing chronic back pain. Physical examination findings included tenderness with decreased left hip strength. Medications included Norco, which was being decreased. Topical cream was prescribed. Cyclobenzaprine is a muscle relaxant and there is no evidence for the use of any muscle relaxant as a topical product. Oral Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. However, its use as a topical product is not recommended. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. Guidelines also recommend that when prescribing medications only one medication should be given at a time. Therefore, this medication was not medically necessary.