

<b>Case Number:</b>	CM15-0085778		
<b>Date Assigned:</b>	05/07/2015	<b>Date of Injury:</b>	01/09/2015
<b>Decision Date:</b>	06/23/2015	<b>UR Denial Date:</b>	04/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/04/2015

### 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: Ohio, North Carolina, Virginia  
 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:

The injured worker is a 44-year-old female, with a reported date of injury of 01/09/2015. The diagnoses include neck pain, headache, neck sprain/strain, thoracic myospasm, thoracic pain, lumbar pain, lumbar sprain/strain, right lateral epicondylitis, and left lateral epicondylitis. Treatments to date have included oral medication. The medical report dated 02/16/2015 indicates that the injured worker complained of right arm tingling and cramps from both knees to the feet. She complained of head pain, rated 7 out of 10; neck pain, rated 7 out of 10; thoracic spine pain; lumbar spine pain; right elbow pain, rated 7 out of 10; left elbow pain, rated 7 out of 10; right knee pain, rated 7 out 10; and left knee pain, rated 6 out of 10. The objective findings include normal cervical spine range of motion, tenderness to palpation of the cervical paravertebral muscles, muscle spasm of the cervical paravertebral muscles, normal thoracic spine range of motion, tenderness to palpation of the thoracic paravertebral muscles, with muscle spasm, decreased lumbar spine range of motion, tenderness to palpation of the lumbar paravertebral muscles with muscle spasm, painful and decreased right elbow range of motion, tenderness to palpation of the lateral right elbow, muscle spasm of the right lateral forearm, decreased and painful left elbow range of motion, tenderness to palpation of the left lateral elbow, muscle spasm of the left lateral forearm, decreased right knee range of motion, tenderness to palpation of the right medial knee, with muscle spasm, decreased and painful left knee range of motion, and tenderness to palpation of the left medial knee with muscle spasm. The medical report is missing two pages. The treating physician requested cyclobenzaprine 2%/Flurbiprofen 25% 180 grams; Gabapentin 15%/Amitriptyline 4%/Dextromethorphan 10% 180 grams; and Cyclobenzaprine 2%/Gabapentin 15%/Amitriptyline 10% 180 grams.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 2%, Flurbiprofen 25%, 180mg: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The referenced guidelines state that any compound containing at least one non-recommended ingredient is not recommended in its entirety. There is no evidence supporting the use of any topical muscle relaxant such as cyclobenzaprine. Therefore, the compound containing Cyclobenzaprine 2%, Flurbiprofen 25%, 180mg is not medically appropriate and necessary.

**Gabapentin 15%, Amitriptyline 4%, Dextromethorphan 10 % 180gm: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The guidelines referenced state that any compound containing at least one non-recommended ingredient is itself not recommended in its entirety. There is no peer-reviewed literature to support the use of topical gabapentin. Therefore, the compound containing Gabapentin 15%, Amitriptyline 4%, and Dextromethorphan 10 %, 180gm, is not medically necessary and appropriate.

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

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The guidelines referenced state that any compound containing at least one non-recommended ingredient is itself not recommended in its entirety. There is no peer-reviewed literature supporting the use of topical muscle relaxants like cyclobenzaprine and none to support topical anti-epilepsy drugs such as gabapentin. Therefore, the compound containing Cyclobenzaprine 2%, Gabapentin 15%, and Amitriptyline 10%, 180gm, is not medically necessary and appropriate.