

<b>Case Number:</b>	CM15-0089215		
<b>Date Assigned:</b>	05/13/2015	<b>Date of Injury:</b>	03/02/2010
<b>Decision Date:</b>	06/15/2015	<b>UR Denial Date:</b>	04/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2015

### 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 was a 49-year-old female, who sustained an industrial injury, March 2, 2010. The injured worker previously received the following treatments Soma, Tramadol, Neurontin and Compound cream. The injured worker was diagnosed with lumbar spine discogenic disease, radiculopathy of lumbar spine and tear of medial meniscus of bilateral knees. According to progress note of February 27, 2015, the injured workers chief complaint was lower back pain with radiation of pain down the left leg. The pain was described as numbness, sharp, aching and stabbing. The pain was rated as 6 out of 10. The physical exam noted the injured worker walked with an antalgic gait favoring the left. The iliac compression reveals pain on the right. Iliac compression was positive on the left. The straight leg raises was positive bilaterally. There was paraspinal tenderness at L3-S1 with muscle guarding and spasms bilaterally. The palpation revealed moderate spinal tenderness radiating into both hips bilaterally, left greater than the right. There was tenderness with palpation at the facet joints referring to the waistline and iliac crest. The palpation revealed moderate tenderness at the S1 bilaterally, left greater than right. The treatment plan included compound medication of Gabapentin 15% Amitriptyline 4% Dextromethorphan, Cyclobenzaprine 2% Flurbiprofen 25%.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro: compound medications: Gabapentin 15%/Amitriptyline 4%/Dextromethophan Cyclobenzaprine 2%/Flurbiprofen 25% DOS: 2/27/15: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, page(s) 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 NSAID, muscle relaxant and anti-epileptic over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. Guidelines do not recommend long-term use of NSAID without improved functional outcomes attributable to their use. 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: compound medications: Gabapentin 15%/Amitriptyline 4%/Cyclobenzaprine 2%/Flurbiprofen 25% DOS: 2/27/15 is not medically necessary and appropriate.