

<b>Case Number:</b>	CM15-0089949		
<b>Date Assigned:</b>	05/14/2015	<b>Date of Injury:</b>	08/13/2013
<b>Decision Date:</b>	06/16/2015	<b>UR Denial Date:</b>	04/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/11/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 74 year old male who sustained an industrial injury on August 13, 2013. He has reported injury to the neck, bilateral shoulders, bilateral wrists, low back, bilateral knee, and bilateral ankle pain and has been diagnosed with cervical spine herniated nucleus pulposus, cervical radiculopathy, bilateral shoulder internal derangement, bilateral wrist sprain/strain, bilateral tenosynovitis, lumbar spine herniated nucleus pulposus, lumbar radiculopathy, bilateral knee internal derangement, and bilateral ankle sprain/strain. Treatment has included physical therapy, acupuncture, medications, and injection. Examination of the cervical spine showed tenderness to palpation at the sub occipital region and over the trapezius and scalene muscles with decreased range of motion. There was tenderness at the delto-pectoral groove and at the insertion of the supraspinatus muscle with decreased range of motion. There was tenderness to palpation over the carpal bones and over the thenar and hypothenar eminence bilaterally. There was palpable tenderness noted at the lumbar paraspinal muscles and over the lumbosacral junction. There was tenderness over the medial and lateral malleolus. The treatment request included topical medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 2%, Flurbiprofen 25% , 3 times a day 180 Grams #1: 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 Topical Analgesics Page(s): 111.

**Decision rationale:** According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no clear evidence that the patient failed or was intolerant to first line of oral pain medications. There is no documentation that all component of the prescribed topical analgesic is effective for the treatment of chronic pain. Flurbiprofen is not recommended by MTUS guidelines. Therefore, Topical Cream- Cyclobenzaprine 2%, Flurbiprofen 25% , 3 times a day 180 Grams is not medically necessary.

**Cyclobenzaprine 2%, Gabapentin 15%, Amitriptyline 10%, 3 times a day 180 Grams #1:**  
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 Topical Analgesics Page(s): 111.

**Decision rationale:** According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no proven efficacy of topical application of Amitriptyline, gabapentin and Cyclobenzaprine. Furthermore, oral form of these medications was not attempted, and there is no documentation of failure or adverse reaction from their use. Based on the above, the use of Cyclobenzaprine 2%, Gabapentin 15%, Amitriptyline 10%, 3 times a day 180 Grams is not medically necessary