

<b>Case Number:</b>	CM14-0119186		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	11/28/2013
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	07/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 55-year-old individual with an original date of injury of November 28, 2013. The injured worker has chronic low back pain with radiation into the lower extremities. The disputed issue is a request for a compounded formulation of cyclobenzaprine and gabapentin. This request was noncertified by a utilization reviewer cited the guidelines that topical agents are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The reviewer felt that this information was not present in the submitted medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 10 percent (%) Gabapentin 10 percent 30gm caream apply 2 X daily #1:**  
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): 113.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines on page 113 states that "there is no evidence for use of any other muscle relaxant[other than baclofen] as a topical

product." The same guidelines further specify that if any drug or drug class of a compounded formulation is not recommended, then the entire formulation is not recommended. Therefore this request is not medically necessary.