

Case Number:	CM14-0144436		
Date Assigned:	09/12/2014	Date of Injury:	05/14/2004
Decision Date:	10/10/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/05/2014

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 Tennessee. 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:

This is a 49-year-old female with a date of injury of 5/14/04. The mechanism of injury to her neck and upper extremities occurred while performing her usual and customary duties as a bank teller. The request is for 2 compounded analgesic ointments, both for 180gm, not 180mg. On 7/16/14 she stated her neck pain is "slowly improving since the 7/2/14 epidural steroid injection." She stated "30% pain relief in the neck and 30% relief in the arms." Her shoulder pain is intermittent. Her medication use has decreased by approximately 50% and functionality has increased. Objective findings were not noted except boxes checked of systems reviewed. The diagnostic impression is cervicalgia, degeneration of cervical intervertebral disc, cervical radiculopathy, and cervical spine post laminectomy syndrome. Treatment to date: cervical surgery, physical therapy, epidural steroid injections, medication management, home exercise program. A UR decision dated 8/25/14 denied the request for Gabapentin 10%, Cyclobenzaprine 1%, and Lidocaine 5% 180gm, and Cyclobenzaprine 2%, Tramadol 10%, and Flurbiprofen 20% 180gm. The request for Gabapentin 10%, Cyclobenzaprine 1%, and Lidocaine 5% was denied because guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The medical literature does not support the use of either Gabapentin or Cyclobenzaprine for topical use either individually or as part of any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended if as an ingredient amongst a combined topical medication. The request for Cyclobenzaprine 2%, Tramadol 10%, and Flurbiprofen 20% was denied because based on guidelines, which state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The medical literature does not support the use of Cyclobenzaprine for topical use either individually or if part of any

compounded product that contains at least one drug (or drug class) that is not recommended is not recommended if as an ingredient amongst a combined topical medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 10% Cyclobenzaprine 1% & Lidocaine 5% 180mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines, Compound Drugs

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Boswellia Serrata Resin, Capsaicin, Topical Analgesics Page(s): 25, 28, 111-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that "Ketoprofen, Lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications." In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. However, the compounded ointment requested contains gabapentin, cyclobenzaprine, and Lidocaine. Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Guidelines do not recommend Gabapentin, Cyclobenzaprine, and Lidocaine for topical application. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. A specific rationale identifying why Gabapentin, Cyclobenzaprine, and Lidocaine topical analgesic would be required in this patient despite lack of guideline support was not identified. Also the request was noted to be for quantity of 180gm, not 180mg. Therefore, the request for Gabapentin 10%, Cyclobenzaprine 1%, and Lidocaine 5% 180mg was not medically necessary.