

<b>Case Number:</b>	CM14-0145869		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	07/09/2009
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	08/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2014

### 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 & Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 patient is a 43 years old female with an injury date on 07/09/2009. Based on the 07/08/2014 progress report provided by [REDACTED], the diagnoses are: 1. Status post ulnar nerve transposition, improve. 2. Bilateral tennis elbow with lateral epicondylitis. 3. Cervical spine herniated nucleus pulposus at C4-C5 and C5-C6 with stenosis. 4. Active right C6 radiculopathy, per EMG (Electromyography). 5. Right shoulder impingement syndrome, improve with injection. 6. Left shoulder compensatory impingement syndrome. 7. Anxiety and depression secondary to industrial injury and pain. 8. Gastrointestinal and gastroesophageal reflux disease secondary to prolonged medication usage. 9. Sleep disorder secondary to industrial injury and pain. 10. Right hand/wrist tendinitis. According to this report, the patient complains of intermittent headaches, frequent neck pain, rated at a 6/10, with radiation to the bilateral upper extremities. The patient also complains of intermittent bilateral shoulder pain, bilateral elbow pain, bilateral wrist/hand pain associated with numbness and tingling sensation. Physical exam reveals cervical range of motion is restricted. Spurling's test is positive. Upper extremity motor strength testing reveals weakness at 4/5 in the right. There were no other significant findings noted on this report. The utilization review denied the request on 08/11/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 07/08/2014 to 07/11/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound Gabapentin 10% Cyclobenzaprine/ Capsaicin 0.0375% cream 120gm: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

**Decision rationale:** According to the 07/08/2014 report by [REDACTED] this patient presents with intermittent headaches, frequent neck pain, rated 6/20, with radiation to the bilateral upper extremities. The treater is requesting 1 prescription of compound Gabapentin 10% Cyclobenzaprine/Capsaicin 0.0375 % cream 120gm. Regarding topical compounds, MTUS states that if one of the compounded product is not recommended than the entire compound is not recommended. In this case, Gabapentin, Cyclobenzaprine, and Capsaicin at 0.0375% concentration are not recommended for topical formulation. Therefore, the request for compound Gabapentin 10% Cyclobenzaprine/ Capsaicin 0.0375% cream 120gm is not medically necessary and appropriate.