

<b>Case Number:</b>	CM14-0147881		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	03/19/2014
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	08/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2014

### 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 and is licensed to practice in Nevada. 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 records presented for review indicate that the injured worker is a 74-year-old gentleman who was reportedly injured on March 19, 2014. The mechanism of injury is noted as falling backwards and hitting his head on the edge of a table. The most recent progress note, dated July 31, 2014, indicates that there are ongoing complaints of neck pain and low back pain. The physical examination demonstrated there was tenderness over the cervical and lumbar spine with decreased lumbar spine range of motion secondary to pain. There was also tenderness of the right shoulder with a positive impingement sign. Diagnostic imaging studies of the cervical spine showed mild degenerative changes. An x-ray of the lumbar spine revealed multiple degenerative changes as well as bilateral osteophytes. There was facet hypertrophy at multiple levels. Hypermobility and retrolisthesis was noted at L3 on L4. Previous treatment includes physical therapy for the cervical and lumbar spine. A request had been made for a topical compound of gabapentin/cyclobenzaprine/lidocaine and cyclobenzaprine/tramadol/flurbiprofen and was not certified in the pre-authorization process on August 15, 2014.

### 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% 180 gm:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 111-112.

**Decision rationale:** According to the California Chronic Pain Medical Treatment Guidelines the only topical analgesic medications indicated for usage include anti-inflammatories, lidocaine, and capsaicin. There is no known efficacy of any other topical agents. Per the MTUS, when one component of a product is not necessary the entire product is not medically necessary. Considering this, the request for gabapentin/cyclobenzaprine/lidocaine is not medically necessary.

**Cyclobenzaprine 2%, Tramadol 10%, Flurbiprofen 20% 180 gm:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 111-112.

**Decision rationale:** According to the California Chronic Pain Medical Treatment Guidelines the only topical analgesic medications indicated for usage include anti-inflammatories, lidocaine, and capsaicin. There is no known efficacy of any other topical agents. Per the MTUS, when one component of a product is not necessary the entire product is not medically necessary. Considering this, the request for cyclobenzaprine/tramadol/flurbiprofen is not medically necessary.