

<b>Case Number:</b>	CM14-0170284		
<b>Date Assigned:</b>	10/20/2014	<b>Date of Injury:</b>	11/01/2004
<b>Decision Date:</b>	11/20/2014	<b>UR Denial Date:</b>	10/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2014

### 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 Occupational 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:

This case is a 56-year old male with a date of injury on 11/1/2004. A review of the medical records indicate that the patient has been undergoing treatment for should pain, knee pain, anxiety, and depression. Subjective complaints (8/15/2014) include left shoulder pain with radiculopathy, 7/10 on pain scale, right knee pain, depressed, and anxious. Objective findings (8/15/2014) include tenderness to left shoulder palpation, decreased range of motion of left shoulder, and diminished sensation to C6-7 dermatome bilaterally. Treatment has included right knee arthroscopy, Deprizine, diphenhydramine, Fanatrex, Synapryn, Tabradol, cyclobenzaprine, gabapentin, and flurbiprofen. A utilization review dated 10/6/2014 non-certified the following:- One prescription for Cyclobenzaprine 2%, Gabapentin 15%, Amitriptyline 10% 180gm cream- One prescription for Cyclobenzaprine 2%, Flurbiprofen 25% 180 gm cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One prescription for Cyclobenzaprine 2%, Gabapentin 15%, Amitriptyline 10% 180gm cream:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams

**Decision rationale:** MTUS and ODG recommend usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. CYCLOBENZAPRINE: MTUS states regarding topical muscle relaxants, "Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Topical cyclobenzaprine is not indicated for this usage, per MTUS. GABAPENTIN: MTUS states that topical Gabapentin is "Not recommended." And further clarifies, "antiepilepsy drugs: There is no evidence for use of any other antiepilepsy drug as a topical product." AMITRIPTYLINE: MTUS and ODG do not specifically make a recommendation on topical Amitriptyline, but does cite (Lynch ME, Clark AJ, Sawynok J, Sullivan MJ Topical 2% amitriptyline and 1% ketamine in neuropathic pain syndromes: a randomized, double-blind, placebo-controlled trial. *Anesthesiology*. 2005;103:140-6) and find that "This randomized, placebo-controlled trial examining topical 2% amitriptyline, 1% ketamine, and a combination in the treatment of neuropathic pain revealed no difference between groups." MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The request compound medication contains several non-recommended components: gabapentin and cyclobenzaprine. The whole compound is not recommended if it contains non-recommended components. As such, the request for one prescription for Cyclobenzaprine 2%, Gabapentin 15%, and Amitriptyline 10% 180gm cream is not medically necessary.

**One prescription for Cyclobenzaprine 2%, Flurbiprofen 25% 180 gm cream:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams

**Decision rationale:** MTUS and ODG recommend usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. CYCLOBENZAPRINE: MTUS states regarding topical muscle relaxants, "Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Topical cyclobenzaprine is not indicated for this usage, per MTUS. FLURBIPROFEN (NOT RECOMMENDED): MTUS states that the only FDA- approved NSAID medication for topical use includes diclofenac, which is indicated for relief of osteoarthritis pain in joints. Flurbiprofen would not be indicated for topical use in this case. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended

is not recommended." The request compound medication contains several non-recommended components: flurbiprofen and cyclobenzaprine. The whole compound is not recommended if it contains non-recommended components. As such, the request for one prescription for Cyclobenzaprine 2%, Flurbiprofen 25% 180 gm cream is not medically necessary.