

<b>Case Number:</b>	CM14-0180409		
<b>Date Assigned:</b>	11/05/2014	<b>Date of Injury:</b>	02/27/2013
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	10/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2014

### 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 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 injured worker is a 62 year old female with an injury date of 02/27/14. The 10/02/14 report by [REDACTED] states that the injured worker "presents with neck and left arm pain rated 8/10." Examination shows there is tenderness in the left lower cervical spine. The injured worker's diagnosis is continued neck and left arm pain. The utilization review being challenged is dated 10/10/14. Reports were provided from 06/02/14 to 10/02/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 20%/Baclofen 2%/Cyclobenzaprine 2%/Gabapentin 6%/Lidocaine 5% 300 mg #1 Transdermal Cream:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

**Decision rationale:** The injured worker presents with neck and left arm pain rated 8/10. The treating physician requests for Flurbiprofen 20%/Baclofen 2%/Cyclobenzaprine 2%/Gabapentin 6%/Lidocaine 5% 300 Mg Transdermal Cream. The reports provided show the injured worker

started this medication 10/02/14. The MTUS has the following regarding topical creams (p111, chronic pain section): "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." In this case, Cyclobenzaprine is not supported for topical formulation and MTUS specifically states that Gabapentin is not recommended under the topical cream section. Therefore, the request is not medically necessary.