

<b>Case Number:</b>	CM14-0185257		
<b>Date Assigned:</b>	11/13/2014	<b>Date of Injury:</b>	02/24/2011
<b>Decision Date:</b>	12/16/2014	<b>UR Denial Date:</b>	10/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2014

### 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 Orthopedic Surgery and is licensed to practice in Texas. 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 49-year-old female who reported an injury on 02/24/2012 due to an unspecified mechanism of injury. Her diagnoses included a cervical sprain/strain, right shoulder impingement syndrome, rotator cuff tear, bilateral upper extremity overuse tendonitis, status post right sided carpal tunnel release, status post left side carpal tunnel release, and status post left shoulder surgery. Her past treatments included physical therapy, rest, and medications. On 10/03/2014, the injured worker complained of neck pain rated 8/10 on the right and 6/10 on the left, bilateral shoulder pain rated 8/10, and left wrist/hand and fingers rated 6/10. The physical examination revealed the surgical wound was clean with no signs of infection and the range of motion was not tested. Her medications included tramadol 50 mg, frequency was not provided. The treatment plan included continuing with physical therapy to the left shoulder, prescription for tramadol, a UA (urinalysis) was performed in house, and a 6 week followup. Requests were received for flurbiprofen 10%, baclofen 2%, cyclobenzaprine 2%, diclofenac 3% cream, 20 gm; urinalysis performed on 09/05/2014 retrospective; gabapentin 6%, lidocaine 2% cream, 120 gm. A rationale was not provided. A Request for Authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 10%/Baclofen2%/Cyclobenzaprine 2%/Diclofenac 3% Cream, #120gm:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

**Decision rationale:** The request for flurbiprofen 10%/baclofen2%/cyclobenzaprine 2%/diclofenac 3% cream#120gm is not medically necessary. According to the California MTUS Guidelines, topical analgesics are considered largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Furthermore, there is little to no research to support the use of many of these agents. In addition, any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The guidelines note that muscle relaxants are not recommended for topical application. In regards to baclofen, it is not recommended since there is no peer reviewed literature to support its use. The injured worker was noted to have chronic cervical and right shoulder pain. The documentation also noted the injured worker to have been on a form of topical analgesic previously, however, there was a lack of evidence to indicate the analgesic's relief and indication of the site to which the compound was applied. Based on the lack of documentation for prior use and at least 1 drug that is not recommended, the request is not supported by the guidelines. As such, the request for flurbiprofen 10%/baclofen2%/cyclobenzaprine 2%/diclofenac 3% cream, #120gm is not medically necessary.

**Urinalysis Performed On 9/5/14 (Retrospective):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter Urine Drug Testing (UDT)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

**Decision rationale:** The request for a urinalysis performed on 9/5/14 (retrospective) is not medically necessary. According to the California MTUS Guidelines, urine drug testing is recommended as an option to assess for the use of or presences of illegal drugs. The injured worker had been noted to be taking tramadol since at least 08/08/2014 as prescribed by the physician. However, the urine drug screen performed on 09/05/2014 was not included in the documentation. Based on the injured worker being on a prescribed Tramadol regimen, which is not considered to be an illegal drug, the request is not supported by the guidelines. As such, the request for urinalysis performed on 9/5/14 (retrospective) is not medically necessary.

**Gabapentin 6%/Lidocaine 2% Cream, #120gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

**Decision rationale:** The request for Gabapentin 6%/Lidocaine 2% Cream, #120gm is not medically necessary. According to the California MTUS Guidelines, topical analgesics are considered largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Furthermore, there is little to no research to support the use of many of these agents. In addition, any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The guidelines note that gabapentin is not recommended for topical application, as there is no peer reviewed literature to support its use. In regards to lidocaine, there is no commercially approved topical formulation of lidocaine to include creams, lotions, or gels as indicated for neuropathic pain. The injured worker was noted to have chronic cervical and right shoulder pain. The documentation also noted the injured worker to have been on a form of topical analgesic previously, however, there was a lack of evidence to indicate the analgesic's relief and indication of the site to which the compound was applied. Based on the lack of documentation for prior use and at least 1 drug within the compound being not recommended, the request is not supported by the guidelines. As such, the request for gabapentin 6%/lidocaine 2% cream, #120gm is not medically necessary.