

<b>Case Number:</b>	CM14-0185519		
<b>Date Assigned:</b>	11/13/2014	<b>Date of Injury:</b>	03/25/2011
<b>Decision Date:</b>	12/19/2014	<b>UR Denial Date:</b>	10/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2014

### 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:

The patient is a 56-year-old male who has submitted a claim for rotator cuff syndrome associated with an industrial injury date of March 25, 2011. Medical records from 2014 were reviewed, which showed that the patient complained of radicular neck pain rated 9/10 and muscle spasms with associated numbness and tingling of the bilateral upper extremities; left shoulder pain rated 9/10 and muscle spasms with associated radiating pain, numbness and tingling down the bilateral extremities. Examination of the cervical spine revealed tenderness over the paraspinal and scalene muscles, decreased range of motion, and positive compression test bilaterally. Left shoulder examination revealed tenderness at the acromioclavicular joint, levator scapula and upper trapezius muscles, decreased range of motion with associated crepitus and positive Neer impingement sign and drop arm test. Sensation was diminished in the bilateral C5 through T1 dermatomes. Motor strength in the bilateral upper extremities was slightly decreased secondary to pain. Treatment to date has included medications such as Synapryn, Tabradol, Deprizine, Dicopanol, Fanatrex, Terocin pain patche, capsaicin, flurbiprofen, menthol, cyclobenzaprine and gabapentin. The medications allegedly offered the patient temporary pain relief and improved ability to have restful sleep and the patient denied any problems with medications. The utilization review from October 31, 2014 denied the request for topical compound cream of cyclobenzaprine 2% gabapentin 15% amitriptyline 10% 180 grams because the guidelines do not recommend the use of the prescribed compound and there was no indication of inadequate relief or intolerance to oral medications that would warrant consideration of topical analgesics.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topical compound cream of Cyclobenzaprine 2% Gabapentin 15% Amitriptyline 10% 180 grams:** 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): 111-113.

**Decision rationale:** As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are 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. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. There is little to no research to support the use of many of these agents. As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are 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. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. There is little to no research to support the use of many of these agents. In this case, the patient is being prescribed a topical compound that contains cyclobenzaprine, amitriptyline and gabapentin. California MTUS does not support the use of gabapentin in a topical formulation. Amitriptyline is a tricyclic antidepressant considered first-line agents, but there is no discussion regarding topical application of this drug. Also, there is no evidence to support the use of topical cyclobenzaprine, and the addition of cyclobenzaprine to other agents is not recommended. Guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. All the components of the compound being prescribed are not recommended. Therefore, the request for Topical compound cream of Cyclobenzaprine 2% Gabapentin 15% Amitriptyline 10% 180 grams is not medically necessary.

**Topical compound cream of Cyclobenzaprine 2% Flurbiprofen 25% 180 grams:** 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): 111-113.

**Decision rationale:** As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are 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. These agents are applied locally to painful areas with advantages that include lack of systemic side effects,

absence of drug interactions, and no need to titrate. There is little to no research to support the use of many of these agents. As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are 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. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. There is little to no research to support the use of many of these agents. In this case, the patient is being prescribed a topical compound that contains cyclobenzaprine and flurbiprofen. According to the Ca MTUS, there is no evidence to support the use of topical cyclobenzaprine, and the addition of cyclobenzaprine to other agents is not recommended. Regarding Flurbiprofen, CA MTUS supports a limited list of NSAID topical, which does not include Flurbiprofen. There is little to no research as for the use of flurbiprofen in compounded products. Guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. All the components of the compound being prescribed are not recommended. Therefore, the request for Topical compound cream of Cyclobenzaprine 2% Flurbiprofen 25% 180 grams is not medically necessary.