MAXIMUS Federal Services

| Case Number: | CM14-0212458 | | |
|---|---|---|---|
| Date Assigned: | 01/02/2015 | Date of Injury: | 07/19/2009 |
| Decision Date: | 03/03/2015 | UR Denial Date: | 11/26/2014 |
| Priority: | Standard | Application Received: | 12/18/2014 |

## 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: New Jersey, Michigan, California
Certification(s)/Specialty: Neurology, Neuromuscular Medicine

## 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 is a 64 year old male who sustained a work injury to his low back on 07/19/2009. He describes the injury as occurring while he was in the process of pushing a cart full of linen to the outside parking when the cart got stuck and tilted over falling on top of him. The injured worker (IW) sustained injuries to his low back and right leg. He stated he was able to get up however he had right leg weakness and lower back pain. (The evaluation dated 12/18/2013 is the only record submitted for review.) The IW was treated initially in the emergency room with x-rays and pain medications. At the time of the 12/18/2013 evaluation he was complaining of burning, radicular low back pain which was more intense on the right side. He rated the pain as 8-9/10 on a pain analog scale. He stated the pain radiated into the buttock and to the bottom of the right foot with numbness and tingling into the bilateral lower extremities, worse in the right leg. The IW complained of burning right hip pain and muscle spasms also rated as 8-9/10 on a pain analog scale. The pain was made worse by ascending or descending stairs, any prolonged positioning including weight bearing, squatting, kneeling, standing and walking. He stated the symptoms persisted but medications offered temporary relief of pain and helped him sleep.Physical exam noted the IW ambulated with a cane. He experienced pain with toe touch and squatting. Tenderness to palpation at the lumbar paraspinal muscles and lumbosacral junctions was noted. Range of motion of the lumbar spine was decreased. Tenderness was noted at the right trochanter and straight leg raise was positive at 40 degree. Abduction, external and internal rotation of right hip was decreased. Sensation was slightly decreased and motor strength in the bilateral lower extremities was decreased secondary to pain.Diagnoses included:- Lumbago-

Lumbar radiculopathy- Right hip painAt the time of this evaluation the following medications were prescribed: Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, Cyclophene and Ketoprofen Cream. According to utilization review (UR) a request was submitted on 11/13/2014 for the following:- Cyclobenzaprine 2%, Gabapentin 15%, Amitriptyline 10% 180 gm- Cyclobenzaprine 2%, Flurbiprofen 25% 180 gmThe request was denied by UR citing no medical report accompanied the request and administrative attempts to obtain one were not successful. However, MTUS guidelines do not support topical use of the muscle relaxant cyclobenzaprine, the anti-epileptic drug gabapentin or the tricyclic antidepressant amitriptyline. Guidelines cited were MTUS, Chronic Pain Medical Treatment Guidelines, Topical Analgesics. The request was appealed to Independent Medical Review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenazprine 2%, Gabapentin 15%, Amitriptyline 10% 180 gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

**Decision rationale:** According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no documentation that all components of the prescribed topical analgesic are effective for the treatment of back pain. There is no clear evidence that the patient failed or was intolerant to first line of oral pain medications. Therefore, the request for Cyclobenazprine 2%, Gabapentin 15%, Amitriptyline 10% 180 gm is not medically necessary.

**Cyclobenzaprine 2%, Flurbiprofen 25% 180 gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

**Decision rationale:** According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other

pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no documentation that all components of the prescribed topical analgesic are effective for the treatment of back pain. There is no clear evidence that the patient failed or was intolerant to first line of oral pain medications. Therefore, the request for Cyclobenzaprine 2%, Flurbiprofen 25% 180 gm is not medically necessary.