

<b>Case Number:</b>	CM15-0001391		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	04/18/2014
<b>Decision Date:</b>	03/11/2015	<b>UR Denial Date:</b>	12/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 48-year-old female who reported an injury on 04/18/2014. The mechanism of injury was due to a motor vehicle accident. The injured worker has diagnoses of cervical radiculopathy, cervical sprain/strain, cervicgia, thoracic spine sprain/strain, lumbar radiculopathy, lumbar spine sprain/strain, insomnia, and anxiety. Past medical treatments consist of medication therapy. An MRI obtained on 06/25/2014 of the cervical spine revealed mild annular bulges at C3-4, C4-5, and C5-6 without effect on neural structures and mild disc space narrowing at C5-6 indicated subtle disc degeneration. There were no other abnormalities. On 12/10/2014, the injured worker complained of neck, low back, and middle back pain. The injured worker rated the pain at a 7/10 without medications and 6/10 with medications. Physical examination revealed Spurling's and distraction tests were positive bilaterally. There was decreased cervical range of motion in all planes due to end range neck pain. There was nuchal tenderness bilaterally. There was tenderness and myospasm palpable over the bilateral paracervical muscles and bilateral trapezius muscles. Medical treatment plan is for the injured worker to undergo NCV and EMG and continue with medication therapy. Rationale and Request for Authorization form were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETRO: CMPD Cyclobenzaprine 2%/Gabapentin 15%/Amitriptyline 10% 180gm Dos 12/10/14: 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.

**Decision rationale:** The request for RETRO: CMPD Cyclobenzaprine 2%/Gabapentin 15%/Amitriptyline 10% 180gm Dos 12/10/14 is not medically necessary. The California MTUS Guidelines state that transdermal compounds are largely experimental in use with few randomized control trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug that is not recommended is not recommended. The guidelines note muscle relaxants are not recommended for topical application. The guidelines also note that gabapentin is not recommended for topical application. As the guidelines do not recommend the use of muscle relaxants or gabapentin for topical application, the medication would not be indicated. Additionally, there was no indication in the submitted documentation of the injured worker having trialed and failed any antidepressants or anticonvulsants. Furthermore, the efficacy of the medication was not submitted for review. Moreover, the request as submitted did not indicate or specify where the topical analgesic was to be applied nor did it indicate a duration. Given the above, the injured worker is not within MTUS recommended guideline criteria. As such, the request is not medically necessary.

**RETRO: CMPD Capsaicin 0.025%/Flurbiprofen 15%/Gabapentin 10%/Menthol 2%/Camphor 2% 180gm Dos 12/10/14: 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.

**Decision rationale:** The request for RETRO: CMPD Cyclobenzaprine 2%/Gabapentin 15%/Amitriptyline 10% 180gm Dos 12/10/14 is not medically necessary. The California MTUS Guidelines state that transdermal compounds are largely experimental in use with few randomized control trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug that is not recommended is not recommended. The guidelines note muscle relaxants are not recommended for topical application. The guidelines also note that gabapentin is not recommended for topical application. As the guidelines do not recommend the use of muscle relaxants or gabapentin for topical application, the medication would not be indicated. Additionally, there was no indication in the submitted documentation of the injured worker having trialed and failed any

antidepressants or anticonvulsants. Furthermore, the efficacy of the medication was not submitted for review. Moreover, the request as submitted did not indicate or specify where the topical analgesic was to be applied nor did it indicate a duration. Given the above, the injured worker is not within MTUS recommended guideline criteria. As such, the request is not medically necessary.