

<b>Case Number:</b>	CM15-0116640		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	01/28/2013
<b>Decision Date:</b>	07/28/2015	<b>UR Denial Date:</b>	05/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 39 year old female sustained an industrial injury to the neck, back and shoulder on 1/28/13. The injured worker underwent right shoulder rotator cuff repair with decompression in March 2015. Additional treatment included injections, epidural steroid injections and medications. In a secondary physician pain management follow-up report dated 5/12/15, the injured worker reported 30% improvement to neck pain after undergoing cervical spine epidural steroid injection last month. The injured worker reported that current medications were beneficial. Physical exam was remarkable for spasm and tenderness to palpation over the cervical spine with limited range of motion of the right shoulder. Current diagnoses included cervical spine sprain/strain, cervical spine radiculopathy, shoulder impingement syndrome and lumbar spine sprain/strain. The treatment plan included refilling medications (Neurontin and Ultram) and considering repeat cervical spine epidural steroid injections for severe exacerbations of neck pain. On 3/20/15, a request for authorization was submitted from the pain management physician for topical compound creams to be applied to affected area three times a day (site unspecified): Cyclobenzaprine 2% Gabapentin 15%, amitriptyline 10% quantity 180gms and Cyclobenzaprine 2%, Flurbiprofen 25% quantity 180gms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound medication: Cyclobenzaprine 2% Gabapentin 15%, amitriptyline 10% quantity 180gms: 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:** Based on the 05/12/15 progress report provided by treating physician, the patient presents with neck and upper extremity symptoms rated 7/10. The patient is status post right shoulder surgery 02/25/15. The request is for Compound Medication: Cyclobenzaprine 2% Gabapentin 15%, Amitriptyline 10% Quantity 180gms. RFA dated 03/20/15 provided. Patient's diagnosis on 05/02/15 included residual cervical pain with radiculopathy and history of right shoulder arthroscopy with residual pain. Physical examination on 05/12/15 revealed spasm and tenderness over the cervical spine, and limited range of motion to right shoulder. Treatment to date included shoulder surgery, cervical ESI, physical therapy and medications. Patient's medications include Neurontin, Ultram and topical compounds. The patient is off-work, per 04/03/15 report. Treatment reports were provided from 04/03/15 - 05/12/15. The MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxants as a topical product." Progress report with the request was not provided. Treater has not provided medical rationale for the request, nor indicated what area of the body would be treated. Nonetheless, MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. In this case, the requested topical compound contains Gabapentin and Cyclobenzaprine, which are not supported for topical use in lotion form per MTUS. Therefore, the request is not medically necessary.

**Cyclobenzaprine 2%, Flurbiprofen 25% quantity 180gms: 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:** Based on the 05/12/15 progress report provided by treating physician, the patient presents with neck and upper extremity symptoms rated 7/10. The patient is status post right shoulder surgery 02/25/15. The request is for Cyclobenzaprine 2%, Flurbiprofen 25% Quantity 180GMS. RFA dated 03/20/15 provided. Patient's diagnosis on 05/02/15 included residual cervical pain with radiculopathy and history of right shoulder arthroscopy with residual pain. Physical examination on 05/12/15 revealed spasm and tenderness over the cervical spine, and limited range of motion to right shoulder. Treatment to date included shoulder surgery, cervical ESI, physical therapy and medications. Patient's medications include Neurontin, Ultram and topical compounds. The patient is off-work, per 04/03/15 report. Treatment reports were provided from 04/03/15 - 05/12/15. The MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated

below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxants as a topical product." Progress report with the request was not provided. Treater has not provided medical rationale for the request, nor indicated what area of the body would be treated. Nonetheless, MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. In this case, the requested topical compound contains Cyclobenzaprine, which is not supported for topical use in lotion form per MTUS. Therefore, the request is not medically necessary.