

<b>Case Number:</b>	CM15-0119408		
<b>Date Assigned:</b>	06/29/2015	<b>Date of Injury:</b>	12/22/2014
<b>Decision Date:</b>	08/04/2015	<b>UR Denial Date:</b>	05/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/20/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal 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:

The injured worker is a 46 year old male who sustained an industrial injury on December 22, 2014. He reported slipping on a wet floor, landing on his buttock and back. The injured worker was diagnosed as having a herniated disc lumbar spine. L4-L5 and L5-S1 with right sided radiculopathy and diffuse spasm. Treatment and evaluation to date has included epidural steroid injections (ESIs), MRI, x-rays, physical therapy, and medication. Currently, the injured worker complains of significant pain shooting down the posterior portion of his back with spasms diffusely and pain down the right gluteal region into the knee that shoots down the leg, with difficulty sleeping. The Treating Physician's Initial Evaluation dated April 29, 2015, noted the injured worker had an epidural steroid injection (ESI) five days prior, failing the epidural without feeling any different and in significant pain. The injured worker rated his pain as 9/10 on a scale of 0 to 10, with 10 being the worst pain. Physical examination was noted to show the injured worker with a very slow, deliberating, antalgic gait. The back examination was noted to show spasms and diffuse guarding in the entire region of the back. The injured worker was noted to be unable to hyperextend or extend at all, with significant extension lag. Straight leg raise was positive bilaterally. Sensory dermatomes were noted to appear along the L5-S1 dermatome. The injured worker was noted to have been taking Norco and Soma, providing some relief. The treatment plan was noted to include Terocin lidocaine containing patches, a combination of topical transdermal creams to apply, and a lumbar support belt.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound Transdermal Cream; Flurbiprofen 20% 30 Gram Cream, Gabapentin 10% 30 Gram Cream, Cyclobenzaprine 10% 30 Gram Cream: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines note topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, and that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines note that topical NSAIDs may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. The requested compound medication is Flurbiprofen 20% 30 Gram Cream, Gabapentin 10% 30 Gram Cream, and Cyclobenzaprine 10% 30 Gram Cream. Flurbiprofen is a non-steroid anti-inflammatory drug (NSAIDs). The guidelines note that the efficacy of use of NSAIDs in clinical trials has been inconsistent, and that they may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Note that topical flurbiprofen is not FDA approved, and is therefore experimental and cannot be presumed as safe and efficacious. Non-FDA approved medications are not medically necessary. Gabapentin is not recommended as a topical analgesic, and there is no peer-reviewed literature to support its use. Cyclobenzaprine is a muscle relaxant, and the guidelines note there is no evidence for use of this muscle relaxant as a topical product. The requested topical medication contains medications that are not recommended by the guidelines for use as topical agents, therefore the entire compound is not recommended. Based on the MTUS guidelines, the requested compound transdermal cream of Flurbiprofen 20% 30 Gram Cream, Gabapentin 10% 30 Gram Cream, Cyclobenzaprine 10% 30 Gram Cream is not medically necessary.