

<b>Case Number:</b>	CM15-0027006		
<b>Date Assigned:</b>	02/19/2015	<b>Date of Injury:</b>	12/20/2014
<b>Decision Date:</b>	06/29/2015	<b>UR Denial Date:</b>	01/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2015

### 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: North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 35-year-old female, who sustained an industrial injury on 12/20/14. She reported initial complaints of back pain. The injured worker was diagnosed as having lumbar pain; lumbosacral sprain/strain; right lower extremity radiculitis. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 1/13/15 indicated the injured worker complains of increased pain during physical therapy. She was only able to work 3 hours on this date due to pain. She reports he is able to tolerate the pain while lying flat or on her side. She is to have her second session of physical therapy on 1/15/15. She is taking Norco every two hours while not at working and also taking two pills of Norflex every two hours. Objective findings as the provider documents are of the lumbar spine: flex 45 degrees, ext 5 degrees, left flex 10 degrees, right flex 10 degrees; bilateral patellar reflexes 1-2+; bilateral Achilles are 1+; tender to palpation to the right paraspinals. The provider's treatment plan includes urine drug screening. He is also requesting Transdermal Cream with Gabapentin 10%, Cyclobenzaprine 4%, and Menthol 5%, #240.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadermal Cream with Gabapentin 10%, Cyclobenzaprine 4%, Menthol 5%, #240:**  
 Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Compound Topicals; Topical Saliolate Page(s): 105, 111-113.

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

**Decision rationale:** Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) 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. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested medication contains ingredients, which are not indicated per the California MTUS for topical analgesic use. Therefore, the request is not medically necessary.