

<b>Case Number:</b>	CM15-0064176		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	04/29/2014
<b>Decision Date:</b>	05/21/2015	<b>UR Denial Date:</b>	03/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2015

### 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: New Jersey

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 (IW) is a 44-year-old male who sustained an industrial injury on 04/29/2014. He reported back pain in the cervical and lumbar spine with radiation into the right shoulder, right knee, ankle, and right foot. He described his low back pain as constant moderate dull, achy, sharp, throbbing, and burning with stiffness and tingling, numbness and weakness. Physical therapy with aqua therapy helped in the past. The injured worker was diagnosed as having lumbago, lumbar myospasm, lumbar sprain, and rule out lumbar disc protrusion, rule out lumbar radiculitis versus radiculopathy, and chronic pain. Treatment to date has included medications and physical therapy. Currently, the injured worker complains of intermittent to frequent moderate sharp pain in the cervical and lumbar spine that he rates as a 7/10. He has frequent moderate stabbing shoulder pain on the right with stiffness, tingling and weakness that is rated a 5/10. The right knee, ankle and foot have stabbing pain and stiffness rated a 7/10. The treatment plan includes the following compounded medications: 180gm Cyclobenzaprine 2%/Flurbiprofen 25%; 180gm Cyclobenzaprine 2%/Gabapentin 15%/Amitriptyline 10%; and 180gm Gabapentin 15%/Amitriptyline 4%/Dextromethorphan 10%.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**180gm Cyclobenzaprine 2%/Flurbiprofen 25%,:** 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:** The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. Topical NSAIDs, specifically, have some data to suggest it is helpful for osteoarthritis and tendinitis for at least short periods of time, but there are no long-term studies to help us know if they are appropriate for treating chronic musculoskeletal pain. Topical muscle relaxants are specifically designated as non-recommended due to their lack of supportive data in chronic pain treatment. The MTUS Guidelines also states that when one medication is non-recommended as part of a combination medication, the entire medication product is to be regarded as non-recommended. In the case of this worker, topical cyclobenzaprine/flurbiprofen was recommended for use to help treat the worker's chronic pain. However, flurbiprofen is not an approved NSAID for topical use and cyclobenzaprine is also not recommended for topical use. Therefore, the request is not medically necessary.

**180gm Cyclobenzaprine 2%/Gabapentin 15%/Amitriptyline 10%:** 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:** The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently, particularly with combination or compounded medication preparations. Topical muscle relaxants are specifically designated as non-recommended due to their lack of supportive data in chronic pain treatment. Also, gabapentin is regarded as non-recommended for topical use due to lack of sufficient supportive data. The MTUS Guidelines also states that when one medication is non-recommended as part of a combination medication, the entire medication product is to be regarded as non-recommended. In the case of this worker, topical cyclobenzaprine/gabapentin/amitriptyline was recommended for use to help treat the worker's chronic pain. However, cyclobenzaprine is not approved for topical use and gabapentin is also not recommended for topical use. Therefore, the request is not medically necessary.

**180gm Gabapentin 15%/Amitriptyline 4%/Dextromethorphan 10%:** 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:** The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently, particularly with combination or compounded medication preparations. Gabapentin is regarded as non-recommended for topical use due to lack of sufficient supportive data. The MTUS Guidelines also states that when one medication is non-recommended as part of a combination medication, the entire medication product is to be regarded as non-recommended. In the case of this worker, topical gabapentin/amitriptyline/dextromethorphan was recommended for use to help treat the worker's chronic pain. However, gabapentin is not recommended for topical use. Therefore, the request is not medically necessary.