

<b>Case Number:</b>	CM15-0079652		
<b>Date Assigned:</b>	04/30/2015	<b>Date of Injury:</b>	03/17/2014
<b>Decision Date:</b>	05/29/2015	<b>UR Denial Date:</b>	03/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2015

### 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: Florida

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 36 year old female, who sustained an industrial injury on 3/17/2014. The current diagnoses are cervical disc displacement with radiculopathy, cervical radiculopathy, cervical spine sprain/strain, eye pain, insomnia, anxiety, and depression. According to the progress report dated 3/23/2015, the injured worker complains of dull, aching neck pain with radiation into the bilateral upper extremities associated with numbness and tingling, left greater than right. The neck pain is rated 5/10 with medications and 7/10 without. Additionally, she reports dull, aching pain in the bilateral shoulders, pain in both eyes, and loss of sleep due to pain, anxiety, and depression. The shoulder pain is rated 5-6/10 with medications and 8/10 without. The eye pain is rated 1/10 with medications and 3/10 without. The current medications are Gabapentin, Naproxen, Tramadol, and Sumatriptan. Treatment to date has included medication management, acupuncture, and epidural steroid injection. The plan of care includes prescription for compound cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound: Cyclobenzaprine 2%/ Gabapentin 15%/Amitriptyline 10%:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 49.

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

**Decision rationale:** In accordance with California MTUS guidelines, topical analgesics are considered Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Guidelines go on to state that, There is little to no research to support the use of many of these agents. The guideline specifically says, Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested topical analgesic contains Gabapentin. MTUS guidelines specifically state: Gabapentin: Not recommended. There is no peer-reviewed literature to support use. Likewise, this request is not considered medically necessary.