MAXIMUS Federal Services

| Case Number: | CM15-0090249 | | |
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| Date Assigned: | 05/14/2015 | Date of Injury: | 01/07/2005 |
| Decision Date: | 06/22/2015 | UR Denial Date: | 04/14/2015 |
| Priority: | Standard | Application Received: | 05/11/2015 |

## 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, Texas, Florida
Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 68 year old male, who sustained an industrial injury on 01/07/2005. The treating physician reported injuries to the neck and shoulders secondary to continuous trauma from work activities. The injured worker was diagnosed as having cervical spine disc collapse at cervical five to six with radiculopathy to the bilateral upper extremities with the left worse than the right, right shoulder impingement with weakness of the rotator cuff and concerns of rotator cuff tear, left shoulder impingement with weakness of the rotator cuff and concerns of a rotator cuff tear, status post right carpal tunnel syndrome release in 1994, status post right trigger thumb release in 2004, and status post left carpal tunnel syndrome in 1992. Treatment and diagnostic studies to date has included magnetic resonance imaging of the left shoulder, magnetic resonance imaging of the right shoulder, and electrodiagnostic testing. In a progress note dated 01/02/2015 the treating physician reports stiffness, spasm, and decreased range of motion to the cervical spine, positive Spurling and Lhermitte tests, pain to the bilateral shoulders with impingement along with radiating pain to the bilateral upper extremities. The medical records provided did not provide any list of a medication regimen that the injured worker was utilizing. The documentation provided also did not indicate the injured worker's pain level as rated on a pain scale prior to use of a medication regimen and after use of a medication regimen to indicate the effects with the use of the medication regimen. The documentation provided did not indicate if the injured worker experienced any functional improvement with use of a medication regimen. The treating physician requested Baclofen/Cyclobenzaprine/Gabapentin/Flurbiprofen, but the

documentation provided did not indicate the specific reason for the requested medication compound.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request: Baclofen/Cyclobenzaprine/Gabapentin/Flurbiprofen (DOS 2/27/15) unknown length of need in MD:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 111-113 of 127.

**Decision rationale:** Regarding the request for Baclofen/cyclobenzapine/gabapentin/ flurbiprofen, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Topical NSAIDs are indicated for "Osteoarthritis and tendonitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Muscle relaxants drugs are not supported by the CA MTUS for topical use. Regarding topical gabapentin, Chronic Pain Medical Treatment Guidelines state that topical anti-epileptic medications are not recommended. They go on to state that there is no peer-reviewed literature to support their use. Within the documentation available for review, none of the abovementioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient, despite guideline recommendations. In light of the above issues, the currently requested Baclofen/cyclobenzapine/ gabapentin/flurbiprofen is not medically necessary.