

<b>Case Number:</b>	CM15-0090321		
<b>Date Assigned:</b>	05/14/2015	<b>Date of Injury:</b>	03/07/2014
<b>Decision Date:</b>	06/16/2015	<b>UR Denial Date:</b>	04/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 52 year old male who sustained an industrial injury on March 7, 2014. Previous treatment includes lumbar spine surgery, physical therapy, chiropractic therapy and acupuncture therapy. Currently the injured worker complains of residual burning following back surgery and radicular low back pain. He rates the pain a 7 on a 10-point scale and describes the pain as frequent to constant and moderate to severe in intensity. The pain is associated with numbness and tingling of the bilateral lower extremities and is aggravated with prolonged positions and with navigating stairs. The pain is aggravated by activities of daily living. The medications offer temporary pain relief and improve his sleep. On physical examination, there is tenderness to palpation over the lumbar paraspinal muscles and over the lumbosacral junction. There is decreased sensation to pin-prick and light touch at L4, L5 and S1 and his motor strength is 4/5 in all muscles of the bilateral lower extremities. Diagnoses associated with the request include status post lumbar spine surgery with residual pain, rule out lumbar disc displacement and rule out lumbar radiculopathy. The treatment plan includes Terocin patches for relief, physical therapy, chiropractic therapy and acupuncture for the lumbar spine, shockwave therapy and compound medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2% 180gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113.

**Decision rationale:** The claimant is more than one year status post work-related injury and continues to be treated for radiating low back pain. When seen, he was having moderate to severe pain radiating into the lower extremities. Medications were providing temporary pain relief. Physical examination findings included lumbar spine tenderness and decreased lower extremity strength and sensation. This request is for a compounded topical medication with components including gabapentin. Oral Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Its use as a topical product is not recommended. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. Guidelines also recommend that when prescribing medications only one medication should be given at a time. Therefore, this medication was not medically necessary.

**Cyclobenzaprine 2%, Gabapentin 15%, Amitriptyline 10% 180gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113.

**Decision rationale:** The claimant is more than one year status post work-related injury and continues to be treated for radiating low back pain. When seen, he was having moderate to severe pain radiating into the lower extremities. Medications were providing temporary pain relief. Physical examination findings included lumbar spine tenderness and decreased lower extremity strength and sensation. This request is for a compounded topical medication with components including cyclobenzaprine, gabapentin, and amitriptyline. In terms of these medications, Cyclobenzaprine is a muscle relaxant and there is no evidence for the use of any muscle relaxant as a topical product. Many agents are compounded as monotherapy or in combination for pain control such as opioids antidepressants, glutamate receptor antagonists, alpha-adrenergic receptor agonists, adenosine, cannabinoids, cholinergic receptor agonists, GABA agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor. There is little to no research to support the use of many these agents including amitriptyline. Oral Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Its use as a topical product is not recommended. Any compounded product that

contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. Guidelines also recommend that when prescribing medications only one medication should be given at a time. Therefore, this medication was not medically necessary.