

<b>Case Number:</b>	CM15-0094707		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	12/08/2013
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	04/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 63 year old female, who sustained an industrial injury on December 8, 2013. The injured worker was diagnosed as having cervical, thoracic, lumbar and right knee sprain/strain, cervical, wrist, thoracic and lumbar pain, radiculitis, lumbar degenerative disc disease (DDD) and disc displacement herniated nucleus pulposus (HNP), and right knee meniscal tear and internal derangement. Treatment to date has included multiple magnetic resonance imaging (MRI) and medication. A progress note dated January 20, 2015 notes the injured worker complains of neck pain rated 7/10 and wrist pain with muscle spasm rated 5-6/10. She also has low back pain with numbness and tingling of the legs rated 6-7/10, right knee pain rated 6/10 and right foot pain rated 6-7/10. Physical exam notes cervical, thoracic and lumbar tenderness with decreased range of motion (ROM). There is bilateral wrist tenderness, right knee tenderness with decreased range of motion (ROM), positive McMurray's test and right foot tenderness. The plan includes pain management, epidural steroid injection, orthopedic consultation, chiropractic, neurostimulation and medication including 180 grams of Cyclobenzaprine 2%, Gabapentin 15%, Amitriptyline 10% and Cyclobenzaprine 2%, Flurbiprofen 25% 180gm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**180 grams of Cyclobenzaprine 2%, Gabapentin 15%, Amitriptyline 10% TID: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants, Topical analgesics Page(s): 63, 111-113.

**Decision rationale:** The patient was injured on 12/08/13 and presents with radicular neck pain, bilateral wrist pain and muscle spasm, radicular mid back pain and muscle spasm, burning low back pain, burning right knee pain, and burning right foot pain. The request is for 180 Grams of Cyclobenzaprine 2%, Gabapentin 15%, Amitriptyline 10% TID. The RFA is dated 02/19/15 and the patient's current work status is not provided. MTUS Guidelines for muscle relaxants state the following: "Recommended for a short course of therapy. Limited, mixed evidence does not allow for a recommendation for chronic use." MTUS Guidelines for muscle relaxants for pain page 63 states the following: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in the patients with chronic LBP." Regarding topical products, MTUS Guidelines pages 111 - 112 state that topical NSAIDs are effective for peripheral joint arthritis/tendinitis. In this case, the patient is diagnosed with cervical, thoracic, lumbar and right knee sprain/strain, cervical, wrist, thoracic and lumbar pain, radiculitis, lumbar degenerative disc disease (DDD) and disc displacement herniated nucleus pulposus (HNP), and right knee meniscal tear and internal derangement. Cyclobenzaprine is a muscle relaxant and is not supported for any topical formulation. Per MTUS, gabapentin is not recommended in any topical formulation either. MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." Therefore, the entire compounded cream is not supported. The requested topical compound cyclobenzaprine 2%, gabapentin 15%, amitriptyline 10% IS NOT medically necessary.

**Cyclobenzaprine 2%, Flurbiprofen 25% 180gm: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

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

**Decision rationale:** The patient was injured on 12/08/13 and presents with radicular neck pain, bilateral wrist pain and muscle spasm, radicular mid back pain and muscle spasm, burning low back pain, burning right knee pain, and burning right foot pain. The request is for Cyclobenzaprine 2%, Flurbiprofen 25% 180 Grams. The RFA is dated 02/19/15 and the patient's current work status is not provided. MTUS has the following regarding topical creams (page 111, Chronic Pain Section), "Topical analgesics: Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy and clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterwards, or with a diminishing effect over another 2-week period." Flurbiprofen is an NSAID indicated for peripheral joint arthritis/tendinitis. Cyclobenzaprine is a muscle relaxant and is not supported for any topical formulation. In this case, the patient is diagnosed with cervical, thoracic, lumbar and right knee sprain/strain, cervical, wrist, thoracic and lumbar pain, radiculitis, lumbar degenerative disc disease (DDD) and disc displacement

herniated nucleus pulposus (HNP), and right knee meniscal tear and internal derangement. MTUS page 111 states that if one of the compounded topical products is not recommended, then the entire product is not recommended. In this case, cyclobenzaprine is not indicated for use as a topical formulation. Furthermore, the patient does not present with osteoarthritis as indicated by MTUS Guidelines for flurbiprofen. The requested compounded medication IS NOT medically necessary.