

<b>Case Number:</b>	CM15-0096590		
<b>Date Assigned:</b>	05/26/2015	<b>Date of Injury:</b>	07/10/2014
<b>Decision Date:</b>	06/25/2015	<b>UR Denial Date:</b>	04/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2015

### 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, 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 50 year old male who sustained an industrial injury on 07/10/2014. The mechanism of injury occurred when he was repairing a tractor trailer and was sanding the inside for paint application and he slipped and fell inside of an empty plastic bin. He hit himself on the edge of the bin, breaking his bottom teeth and hurting his thigh and left leg. Diagnoses include dental trauma, temporomandibular joint syndrome, cervical spine musculoligamentous strain/sprain with radiculitis, rule out cervical spine discogenic disease, thoracic spine musculoligamentous strain/sprain, lumbosacral spine musculoligamentous strain/sprain with radiculitis, rule out lumbosacral spine discogenic disease, left knee strain/sprain, rule out left knee internal derangement and rule out left knee meniscal tear. Treatment to date has included diagnostic studies, medications, and physical therapy. A physician progress note dated 04/03/2015 documents the injured worker complains of pain in the neck, mid/upper back, lower back, and left knee. On a scale of 0-10, with 10 representing the worst, he rates his pain in the neck as 6 out of 10 on the Visual Analog Scale, which has increased from 4 out of 10 on the last visit; 6 out of 10 in the mid/upper back on today's visit, 7 out of 10 in the lower back, which has increased from 5 out of 10 on the last visit; and 7 out of 10 in the left knee which has increased from 6 out of 10 on the last visit. He is grade 2 tenderness to palpation over the cervical paraspinal muscles and there is restricted range of motion. Cervical compression test is positive. There is grade 2 tenderness to palpation over the thoracic spinal muscles and there is restricted range of motion. There is grade 2 tenderness to palpation over the lumbar paraspinal muscles and restricted range of motion. Straight leg raise test is positive bilaterally. The left knee has

grade 2-3 tenderness to palpation and McMurray's test is positive. The treatment plan is to continue physical therapy of the cervical spine, thoracic spine, lumbar spine and left knee once a week for 6 weeks. He is prescribed Tramadol, Anaprox DS, as well as topical analgesics. Treatment requested is for Flurbi (Nap) Cream Flurbiprofen 20%, Lidocaine 5%, Amitriptyline 5% 180gm, and Gabacyclotram Gabapentin 10%, Cyclobenzaprine 6%, Tramadol 10% 180gm.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Fluri (Nap) Cream Flurbiprofen 20%, Lidocaine 5%, Amitriptyline 5% 180gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 105,111,113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 111-113 of 127.

**Decision rationale:** Regarding the request for Fluri (Nap) cream, 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 tendinitis, 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." Topical lidocaine is "Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)." Additionally, it is supported only as a dermal patch. 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. Given all of the above, the requested Fluri (Nap) cream is not medically necessary.

**Gabacyclotram Gabapentin 10%, Cyclobenzaprine 6%, Tramadol 10% 180gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 105,111,113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 111-113 of 127.

**Decision rationale:** Regarding the request for Gabacyclotram, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Muscle relaxants and gabapentin are not supported by the CA MTUS for topical use. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. Given all of the above, the requested Gabacyclotram is not medically necessary.