

<b>Case Number:</b>	CM15-0099178		
<b>Date Assigned:</b>	06/01/2015	<b>Date of Injury:</b>	06/28/2013
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	04/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 59 year old male, who sustained an industrial injury on 6/28/13. Initial complaints were not reviewed. The injured worker was diagnosed as having lumbar sprain/strain; lumbar degenerative disc disease; lumbar radiculopathy; loss of sleep; other insomnia. Treatment to date has included acupuncture; medications. Currently, the PR-2 notes dated 1/2/15 indicated the injured worker complains of lower back dull and aching pain. He rates his pain at 9-10/10 without medications and 9/10 with medications. The pain is aggravated with activities such as forward back bending, lifting and it is relieved by rest and medications. Lower back pain is associated with radiating pain, tingling and numbness to left more than right lower extremities. There is noted complaint of loss of sleep due to this pain. Objective findings are documented as tenderness to palpation of the lumbar paravertebral muscles. There is muscle spasm of the lumbar paravertebral muscles. The treatment plan includes a continuing of acupuncture, and medications naproxen, Tramadol, Cyclobenzapine and Dmeprazole and Genicin. The provider also requested "creams x2" but these were not identified on these notes. The next PR-2 notes submitted are dated 3/6/15 and virtually the same findings. On this note the provider has requested Cyclobenzaprine 2%, Gabapentin 15%, Amitriptyline 10% in cream base 180 gm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

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

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

**Decision rationale:** The requested topical analgesic is formed by the combination of Cyclobenzaprine 2% and Gabapentin 15%, Amitriptyline 10% in cream base. According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The topical analgesic contains Gabapentin not recommended by MTUS as a topical analgesic. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Therefore, the request for Cyclobenzaprine 2%, Gabapentin 15%, Amitriptyline 10% in cream base 180 gm: is not medically necessary.