

<b>Case Number:</b>	CM14-0108538		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	10/11/2011
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	06/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/11/2014

### 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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in Texas and California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 25 years old male patient who sustained an injury on 10/11/2011. The diagnoses include grade I spondylolisthesis at L5-S1 with disc height collapse and right lower extremity radiculopathy, cervical spine musculoligamentous sprain/strain, right L4-L5 and bilateral L5-S1 foraminal narrowing and foraminal disc bulge and severe headaches over the past several months, not associated with epidural steroid injections. Per the doctor's note dated 6/6/14, he had complaints of low back pain at 1-4/10, intermittent headache and intermittent mid back pain at 1-2/10. The physical examination revealed lumbar paraspinal spasm and tenderness, positive sciatic notch tenderness and 4/5 strength in the extensor hallucis longus and tibialis anterior. The medications list includes ultracet, norco, ibuprofen and topical patches and topical creams. He has had lumbar spine MRI dated 7/6/2013 which revealed mild right L4-L5 and bilateral L5-S1 foraminal narrowing related to either foraminal disc bulges and/or mild facet arthropathy, no evidence of significant discogenic disease, no evidence of central stenosis at any level. He has had lumbar epidural steroid injection at L4-5 on 9/26/2013; lumbar epidural steroid injection at L5-S1 on 5/1/14. He has had urine drug screen report dated 12/20/13 with inconsistent result for hydrocodone; report dated 4/18/14 with consistent result. He has had physical therapy, chiropractic and acupuncture visits for this injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound: Gabapentin 10%/Cyclobenzaprine 10%/Capsaicin 0.0375% Cream 120 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): 111-113.

**Decision rationale:** Cyclobenzaprine is a muscle relaxant and gabapentin is an antiepileptic drug. The MTUS Chronic Pain Guidelines regarding topical analgesics state, "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants,.....). (Argoff, 2006) There is little to no research to support the use of many of these agents.....Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended... ..Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments... Gabapentin: Not recommended. There is no peer-reviewed literature to support use. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Response of antidepressants and anticonvulsants for this injury is not specified in the records provided. Intolerance to oral medication is not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Gabapentin and cyclobenzaprine are not recommended by MTUS for topical use as cited above because of the absence of high grade scientific evidence to support their effectiveness. The medical necessity of Compound: Gabapentin 10%/Cyclobenzaprine 10%/Capsaicin 0.0375% Cream 120 gm is not established for this patient.