

<b>Case Number:</b>	CM14-0156069		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	09/14/2004
<b>Decision Date:</b>	11/07/2014	<b>UR Denial Date:</b>	09/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in 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:

According to the records made available for review, this is an 87-year-old female with a 9/14/04 date of injury. At the time (9/12/14) of the Decision for retrospective Cyclobenzaprine 2% gabapentin 15% Amitriptyline 10% 180gm DOS 8/26/14 and retrospective Cyclobenzaprine 2% Flurbiprofen 25% 180gm DOS 8/26/14, there is documentation of subjective complaints include bilateral shoulder pain with weakness, numbness, and tingling, neck pain, and low back pain. The objective findings include decreased range of motion over bilateral shoulder; tenderness to palpation over anterior shoulder, bicipital groove, infraspinatus, posterior shoulder, and supraspinatus region; and positive finkelstein's sign. The current diagnosis includes cervical sprain, carpal tunnel syndrome, and thoracic/lumbar sprain. Treatments to date include acupuncture, chiropractic treatment, and medications, including ongoing treatment with topical pain creams and lidocaine patch.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Cyclobenzaprine 2% gabapentin 15% Amitriptyline 10% 180gm DOS 8/26/14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain - Compound Drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Page(s): page(s) 111-113. Decision based on Non-MTUS Citation Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of cervical sprain, carpal tunnel syndrome, and thoracic/lumbar sprain. However, the requested Cyclobenzaprine 2% gabapentin 15% Amitriptyline 10% contains at least one drug/drug class (gabapentin and Cyclobenzaprine) that is not recommended. Therefore, based on guidelines and a review of the evidence, this request is not medically necessary.

**Retrospective Cyclobenzaprine 2% Flurbiprofen 25% 180gm DOS 8/26/14:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain - Compound Drugs

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): age(s) 111-113. Decision based on Non-MTUS Citation Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of cervical sprain, carpal tunnel syndrome, and thoracic/lumbar sprain. However, the requested Cyclobenzaprine 2% Flurbiprofen 25% contains at least one drug class (Cyclobenzaprine (muscle relaxants)) that is not recommended. Therefore, based on guidelines and a review of the evidence, this request is not medically necessary.