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| <b>Case Number:</b>   | CM13-0024610 |                              |            |
| <b>Date Assigned:</b> | 05/21/2014   | <b>Date of Injury:</b>       | 01/14/2011 |
| <b>Decision Date:</b> | 08/01/2014   | <b>UR Denial Date:</b>       | 09/05/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/16/2013 |

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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:

The injured worker is a 57-year-old male who was reportedly injured on 1/14/2011. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated 6/18/2013, indicated that there were ongoing complaints of low back pain that radiated to bilateral lower extremities and neck pain that radiated to bilateral upper extremities right greater than left. The physical examination demonstrated the patient appeared to be in moderate distress with an antalgic gait with the use of a cane. The lumbar spine was limited range of motion secondary to pain. The pain increased with flexion, extension, and rotation. There was also tenderness to palpation of the spinal vertebrae at L4 through S1 and myofascial tenderness to palpation lumbar spine. The cervical spine had range of motion decreased secondary to pain, pain increased with flexion, extension, and rotation. Spinal vertebral tenderness noted at C4-C7 and positive tenderness to palpation of the cervical myofascial area. Sensory/motor examination revealed no change. No recent diagnostic studies were available for review. The previous treatment included medications such as Naproxen, Ketoprofen, Omeprazole, Zofran, Cyclobenzaprine, Norco 10/325 and Sumatriptan, epidural steroid injections, and acupuncture. A request had been made for flur/ Cyclobenzaprine/caps/Lidocaine 10%/2%/0.0125%/1% liquid refill #1 quantity 120 for generalized pain to the low back and keto/Lidocaine/cap/tram 15%/1%/0.012/5% liquid refill #1 quantity 120 for generalized pain to the low back and was not certified in the pre-authorization process on 7/11/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FLUR/CYCLO/CAPS/LID 10%2%0.0125%1% LIQ REFILL #1 QTY: 120 FOR GENERALIZED PAIN TO THE LOW BACK: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

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

**Decision rationale:** The guidelines note there is little evidence to support the use of topical non steroidal anti-inflammatory drugs for treatment of the above noted diagnosis. Additionally, the guidelines state there is no evidence to support the use of topical Cyclobenzaprine (muscle relaxant). When noting two medications in this compounded topical formula are not recommended, the use of this medication would not fall within guideline parameters for recommendation. After reviewing the medical documentation for the injured worker, it was noted the injured employee did have muscle tenderness; however, the use of topical creams is deemed experimental according to the guidelines. Therefore, the request for this medication is deemed not medically necessary.

**KETO/LIDOC/CAP/TRAM 15%1%0.012/5% LIQ REFILL #1 QTY: 120 FOR GENERALIZED PAIN TO THE LOW BACK: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

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

**Decision rationale:** The guidelines note there is little evidence to support the use of topical non steroidal anti-inflammatory drugs for treatment of the above noted diagnosis. Additionally, the guidelines state there is no evidence to support the use of topical Cyclobenzaprine (muscle relaxant). When noting two medications in this compounded topical formula are not recommended, the use of this medication would not fall within guideline parameters for recommendation. The medical records were reviewed for the injured worker. There was no identifiable documented need or reason for the use of this medication. This medication is deemed experimental according to the guidelines. Therefore, this request is deemed not medically necessary.