

<b>Case Number:</b>	CM13-0030443		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	01/07/2007
<b>Decision Date:</b>	01/24/2014	<b>UR Denial Date:</b>	09/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 physician 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 records describe a 56-year-old male with a 1/7/2007 injury to the right upper extremity. He was reported to have had 8 surgeries on the right upper extremity, primarily about the elbow and has had flexion/claw hand/finger deformity for several years. As of 9/30/13, he was anticipating an SCS (spinal cord stimulation) for the pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The requested treatment for Cyclobenzaprine powder 12gm:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The request before me is for the necessity of cyclobenzaprine powder. It was not clear if this was for an oral suspension or topical cream. But the 9/19/13 report from [REDACTED] clarifies this and states the patient is taking Flexeril tablets and using cyclobenzaprine cream. (MTUS) Chronic Pain Medical Treatment Guidelines, under topical analgesics, states that topical baclofen is not recommended and states, "There is no evidence for use of any other

muscle relaxant as a topical product." The use of cyclobenzaprine cream is not in accordance with MTUS guidelines.

**The requested treatment for Gabapentin powder 12mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The request is for gabapentin powder. The 12/20/12 report from [REDACTED] suggests this is to make a compounded topical cream. (MTUS) Chronic Pain Medical Treatment Guidelines for topical analgesics specifically states topical gabapentin is not recommended. The request for the gabapentin powder to make a topical cream is not in accordance with MTUS guidelines.