

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM13-0046400 |                              |            |
| <b>Date Assigned:</b> | 12/27/2013   | <b>Date of Injury:</b>       | 09/12/2003 |
| <b>Decision Date:</b> | 03/11/2014   | <b>UR Denial Date:</b>       | 10/21/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/12/2013 |

### 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 Family Practice, and is licensed to practice in California and Maryland. 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 patient is a 61-year-old female who reported an injury on 09/12/2003. The patient is diagnosed with MCL sprain, neck sprain, impingement syndrome, and tennis elbow. The patient was seen by [REDACTED] on 07/26/2013. The patient reported ongoing stiffness in the neck, as well as lower back pain and right knee pain. Physical examination revealed decreased cervical range of motion, palpable tenderness and spasm, decreased range of motion in the thoracolumbar spine, tenderness and spasm in the lower back, positive straight leg raising bilaterally, and decreased range of motion of the right knee with positive effusion. Treatment recommendations included continuation of current medication including flurbiprofen topical cream and Cyclobenzaprine topical cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase Cyclobenzaprine cream compound 120gm x 2:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation web based edition  
[http://www.dir.ca.gov/t8/ch4\\_Ssb1a\\_5\\_2.html](http://www.dir.ca.gov/t8/ch4_Ssb1a_5_2.html)

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

**Decision rationale:** California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug that is not recommended is not recommended as a whole. The only FDA-approved topical NSAID is Diclofenac, which is indicated for osteoarthritis. Muscle relaxants are not recommended, as there is no evidence for use of any muscle relaxant as a topical product. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain. The patient's physical examination continues to reveal tenderness to palpation, spasm, and decreased range of motion. Additionally, there is no evidence of a failure to respond to first-line oral medication prior to initiation of a topical analgesic. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.

**Purchase Flurbiprofen cream compound 120gm x 2:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation web based edition  
[http://www.dir.ca.gov/t8/ch4\\_Ssb1a\\_5\\_2.htm](http://www.dir.ca.gov/t8/ch4_Ssb1a_5_2.htm)

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

**Decision rationale:** California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug that is not recommended is not recommended as a whole. The only FDA-approved topical NSAID is Diclofenac, which is indicated for osteoarthritis. Muscle relaxants are not recommended, as there is no evidence for use of any muscle relaxant as a topical product. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain. The patient's physical examination continues to reveal tenderness to palpation, spasm, and decreased range of motion. Additionally, there is no evidence of a failure to respond to first-line oral medication prior to initiation of a topical analgesic. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.