

<b>Case Number:</b>	CM13-0059343		
<b>Date Assigned:</b>	01/29/2014	<b>Date of Injury:</b>	09/25/2012
<b>Decision Date:</b>	05/23/2014	<b>UR Denial Date:</b>	10/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### 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, 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 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 patient is a 51-year-old male with date of injury of 09/25/2012. The listed diagnoses per [REDACTED] dated 09/10/2013 are Cervicalgia, Cervical radiculopathy, Lumbago, Lumbar radiculopathy. According to the progress report, the patient complains of neck pain. He describes his pain as constant, burning, moderate to severe, and rates it 3/10 to 4/10 on the pain analog scale. He reports associated numbness and tingling to the bilateral upper extremities. The patient also complains of burning, radicular low back pain. He rates his low back pain at 3/10 to 4/10 on the pain analog scale. The physical examination shows there is tenderness to palpation at the suboccipital region and over the scalene and trapezius muscles. The range of motion of the cervical spine is diminished. Motor strength is decreased in the bilateral upper extremity secondary to pain. There is tenderness upon palpation noted at the lumbar paraspinal muscles and over the lumbosacral junction. The lumbar spine range of motion is also diminished. Straight leg raise bilaterally is positive at 40 degrees. Motor strength is decreased in the bilateral lower extremities secondary to pain. The treating physician is requesting Ketapofen 20% and compounded Cyclophene 5% for the low back and cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **COMPOUNDED CYCLOPHENE 5% FOR THE LOW BACK AND CERVICAL SPINE:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines states for topical analgesics, "Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended." MTUS further states that there is no evidence for the use of any muscle relaxant as a topical product. Cyclophene contains cyclobenzaprine hydrochloride which is a muscle relaxant. In this case, muscle relaxant as a topical product is not recommended by MTUS Guidelines. The request for Ketapofen 20% and compounded Cyclophene 5 % is not medically necessary and appropriate.