

<b>Case Number:</b>	CM13-0059487		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/15/2010
<b>Decision Date:</b>	05/15/2014	<b>UR Denial Date:</b>	10/30/2013
<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, 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 injured worker is a 37-year-old female who reported an injury on 08/15/2010 after being attacked by an inmate. Current diagnoses include cervicothoracic spine strain, rule out bilateral carpal tunnel syndrome, rule out bilateral shoulder rotator cuff tear, and cephalgia. The injured worker was evaluated on 10/07/2013. The injured worker reported 7/10 pain. Physical examination revealed weakness in the left shoulder, positive Phalen's testing bilaterally, positive Durkan's compression testing bilaterally, diminished sensation to light touch in the median nerve distribution bilaterally, and lumbar paraspinal muscle spasms. The injured worker has completed 12 sessions of physical therapy to date and has undergone bilateral shoulder injections. Treatment recommendations at that time included an MRI, an MR Arthrogram, electrodiagnostic studies and the continuation of current medications. A Request for Authorization was then submitted on 12/06/2013 for a compounded cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FLUR/CYCLO/CAPS/LID (NEW) 10%/2%/0.0125%/1% #120:** Upheld

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

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

**Decision rationale:** The California MTUS Guidelines state topical analgesics are largely experimental in use with randomized, controlled trials to determine efficacy or safety. Any compounded product that contains at least 1 drug that is not recommended is not recommended as a whole. Cyclobenzaprine is not recommended, as there is no evidence for the use of any muscle relaxant as a topical product. Therefore, the current request cannot be determined as medically appropriate. As such, the request is non-certified.