

Case Number:	CM13-0070464		
Date Assigned:	01/03/2014	Date of Injury:	04/18/2012
Decision Date:	04/21/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/24/2013

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 Pain Medicine 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 injured worker had an original date of injury of April 18, 2012. The diagnoses include chronic low back pain, knee pain. The disputed request is for a topical compounded cream consisting of Cyclobenzaprine, Lidocaine, and Ketoprofen. A utilization review determination on December 6, 2013 had noncertified this request, citing both the ACOEM and Official Disability Guidelines. The rationale for denial included the fact that cyclobenzaprine is not recommended in topical formulation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine, Lidocaine, and Ketoprofen ultracream: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines, on pages 111-113, specify the following regarding topical Analgesics: "Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of

antidepressants and anticonvulsants have failed. (Namaka, 2004)... Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In regards to the request for topical cyclobenzaprine, this topical medication has no peer reviewed evidence-based studies to support its use. The California MTUS have no provision for this and the Official Disability Guidelines specifically recommend against its use. The Official Disability Guidelines specifies that "There is no evidence for use of any other muscle relaxant [other than Baclofen] as a topical product." The request for Cyclobenzaprine, Lidocaine, and Ketoprofen ultracream is not medically necessary and appropriate.