

<b>Case Number:</b>	CM13-0071362		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	08/31/2010
<b>Decision Date:</b>	06/16/2014	<b>UR Denial Date:</b>	12/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/27/2013

### 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 & 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 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 is a 41-year-old male who reported an injury on 08/31/2010. The mechanism of injury was not provided for review. The injured worker's treatment history included physical therapy, a home exercise program, a TENS unit, multiple medications, and psychological support. The injured worker was evaluated on 11/18/2013. Physical findings included thoracic discogenic pain. Pain was rated 7/10 radiating into the bilateral lower extremities. The injured worker's diagnoses included thoracic sprain/strain, myelopathy of the thoracic spine, lumbar sprain/strain, discogenic pain, sacroilitis, lumbosacral radiculopathy, chronic pain syndrome, and piriformis syndrome. The injured worker's treatment plan included continued physical therapy, and continued medications. The injured worker was prescribed Cyclogaba cream up to 2 times daily as needed for spasming and hypersensitivity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CYCLOGABA CREAM 10%/10%/, 30 GRAMS (DATE OF SERVICE: 11/18/13): Upheld**

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

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

**Decision rationale:** The requested Cyclogaba cream 10/10% 30 grams from date of service 11/18/2013 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not support the use of muscle relaxants or anticonvulsants as topical analgesics as there is little scientific evidence to support the safety and efficacy of these medications in topical formulations. There are no exceptional factors within the documentation to support treatment beyond guideline recommendations. As such, the requested Cyclogaba cream 10%/10% 30 grams from date of service 11/18/2013 is not medically necessary or appropriate.