

<b>Case Number:</b>	CM14-0000749		
<b>Date Assigned:</b>	01/17/2014	<b>Date of Injury:</b>	09/21/2007
<b>Decision Date:</b>	03/25/2014	<b>UR Denial Date:</b>	12/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2014

### 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 Occupational 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 patient is a represented [REDACTED] employee, who has filed a claim for chronic shoulder pain, knee pain, post-traumatic headaches, and post-traumatic psychological stress reportedly associated with an industrial injury of September 21, 2007. Thus far, the patient has been treated with the following: Analgesic medications; a sling; cervical epidural steroid injection therapy; unspecified amounts of chiropractic manipulative therapy; topical compounds; and psychological counseling. In a Utilization Review Report of December 11, 2013, the claims administrator denied a request for topical compounded cyclobenzaprine-containing agent and a topical flurbiprofen-containing agent. The patient subsequently appealed. An earlier note of November 14, 2013 is sparse, handwritten, difficult to follow, employs preprinted checkboxes rather than furnish any narrative commentary, and notable for comments that the patient reports neck and low back pain, reportedly severe, radiating to the arms and legs. Current therapy is not helping. The patient's activities of daily living remain impacted. Tenderness with limited range of motion noted about the spine. Permanent work restrictions are seemingly renewed. Consultations are sought. The patient is apparently given medication refills. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as cyclobenzaprine are specifically not recommended for topical compound formulation purposes. This results in the entire compound carrying an unfavorable recommendation, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not certified, on Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine Pow HCL qty: 120 d/s 30:** Upheld

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

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

**Decision rationale:** As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as cyclobenzaprine are specifically not recommended for topical compound formulation purposes. This results in the entire compound carrying an unfavorable recommendation, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not certified, on Independent Medical Review.

**Flurbiprofen pow qty 120 d/s 30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Page(s): 111.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are a first-line palliative method. In this case, there is no evidence of intolerance to and/or failure of first-line oral pharmaceuticals so as to justify usage of topical agents and/or topical compounds which are, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines "largely experimental." It is noted that the applicant's failure to return to any form of work despite ongoing usage of the topical compounds in question does imply a lack of functional improvement as defined in MTUS 9792.20f. For all of the stated reasons, then, the request is not certified, on Independent Medical Review.