

<b>Case Number:</b>	CM14-0006016		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	08/15/2010
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	12/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2014

### 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 Nevada. 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 records presented for review indicate that this 38-year-old female was injured on 8/15/10. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated 5/1/13, indicates that there were ongoing complaints of left shoulder, left upper extremity, and bilateral hand pains. The physical examination demonstrated left shoulder weakness with range of motion, bilateral hands/wrists positive Phalen's bilaterally, positive Durkan's compression test bilaterally, and diminished sensation to light touch along the medial nerve distribution bilaterally. There was lumbar spine positive lumbar paraspinal muscle spasm. Previous treatment included medication, physical therapy, and conservative measures.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flur/cyclo/lid 10%/ 2% / 0.0125% / 1% NDC, 120gms:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The California MTUS guidelines state that topical analgesics are largely experimental and that any compound product that contains at least one drug (or drug class), that

is not recommended is not recommended. The guidelines note there is little evidence to support the use of topical non-steroidal anti-inflammatory medications (NSAIDs) for treatment of the above noted diagnosis. Additionally, the guidelines state there is no evidence to support the use of topical cyclobenzaprine (muscle relaxant) and advise against the addition of cyclobenzaprine to other agents. Therefore, this request is not considered medically necessary.