

<b>Case Number:</b>	CM14-0010702		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	08/31/2010
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	01/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### 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, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of 8/31/10. A utilization review determination dated 1/24/14 recommends non-certification of Cyclogaba cream. 12/30/13 medical report identifies 5/10 pain in the back, feet, and stomach with burning and numbness. On exam, there is positive SLR inducing pain in the thoracic and lumbar region and palpable tenderness.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE CYCLOGABA 10%/10% CREAM 30 GM. 1 TUBE (DISPENSED 12/30/2013.): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines §§9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 111-113 of 127.

**Decision rationale:** Regarding the request for CYCLOGABA, California MTUS notes that muscle relaxants and antiepilepsy drugs are not supported by the CA MTUS for topical use. Furthermore, there is no clear rationale presented for the use of topical medications rather than

the FDA-approved oral forms for this patient. In light of the above issues, the currently requested CYCLOGABA is not medically necessary.