

<b>Case Number:</b>	CM14-0015211		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	08/13/2008
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	01/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2014

### 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 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:

The injured worker is a 40-year-old female with a reported injury date on 08/13/2008; the mechanism of injury was not provided. The latest clinical note dated 12/20/2013 noted that the patient had complaints of trouble with balance even with cane and painful clicking. Upon examination, it was noted the patient was cane dependent and had decreased motor and decreased sensory of the right lower extremity. It was also noted that the injured worker had extremely painful range of motion. In addition, it was noted that the injured worker had a strong right lower extremity straight leg raise pain with peripheral nerve tenderness. The injured worker's diagnoses included lumbar radiculopathy, status post spinal fusion, post fusion syndrome. Treatment plan included continuation of medication, repeat Electromyography (EMG)/Nerve Conduction Velocity (NCV), pain management consult, and MRI with contrast of the lumbar spine. The request for authorization was not provided in the available documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE FLURBIPROFEN/CYCLOBENZAPRINE TOPICAL COMPOUND:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

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

**Decision rationale:** The California MTUS Guidelines state that topical agents may be recommended as an option; however, any compounded product that contains at least one drug or drug class that is not recommended, the entire product is not recommended. The guidelines also state that there is no evidence for use of any muscle relaxants as a topical agent. As this compounded product contains a muscle relaxant which is not currently recommended for topical use, it cannot be supported. Additionally, there is a lack of rationale for this requested medication provided within the available documentation. As such, this request is not medically necessary and appropriate.