

<b>Case Number:</b>	CM14-0151533		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	04/27/2009
<b>Decision Date:</b>	12/26/2014	<b>UR Denial Date:</b>	08/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2014

### 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 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 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 patient is a 27-year-old male who has submitted a claim for right knee internal derangement and gastroesophageal reflux disease associated with an industrial injury date of 4/27/2009. Medical records from 2014 were reviewed. The patient complained of bilateral knee pain status post surgery. He likewise developed heartburn, acid reflux, and nausea with pain medications. Anthropometric exam showed a height of 67 inches and weight of 180 pounds. There was no musculoskeletal examination available for review. Treatment to date has included right knee surgery, physical therapy, Norco, Xanax, Prozac, and Prilosec. The utilization review from 8/16/2014 denied the request for cyclobenzaprine cream because of limited published studies concerning its efficacy and safety.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine cream:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Creams Page(s): 112.

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

**Decision rationale:** As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Cyclobenzaprine is not recommended for use as a topical analgesic. In this case, topical cream is prescribed as adjuvant therapy to oral medications. Patient is a known case of gastroesophageal reflux disease secondary to oral pain medications. However, the prescribed medication contains Cyclobenzaprine, which is not recommended for topical use. There is no discussion concerning need for variance from the guidelines. Therefore, the request for Cyclobenzaprine cream is not medically necessary.