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| <b>Case Number:</b>   | CM14-0040613 |                              |            |
| <b>Date Assigned:</b> | 06/20/2014   | <b>Date of Injury:</b>       | 04/15/2008 |
| <b>Decision Date:</b> | 07/22/2014   | <b>UR Denial Date:</b>       | 03/03/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/13/2014 |

### 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 injured worker is a 64-year-old male injured on April 15, 2008. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated January 29, 2014, indicated that there were ongoing complaints of back pain. The physical examination demonstrated a normotensive individual who weighed 142 pounds. Diagnostic imaging studies objectified a reference but not presented for review. Sleep disorders and other comorbidities were identified. Previous treatment included transforaminal epidural steroid injections and functional capacity testing. A request had been made for a topical analgesic cream and was not certified in the pre-authorization process on March 3, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Sleep Disorder Breathing Respiratory Study: Two nights at patient's residence, Including Pulse Oximetry and Nasal Function: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG) Pain Chapter.

**Decision rationale:** As outlined in the Official Disability Guidelines, there must be at least 6 months of documented complaints. The most recent progress notes do not identify any insomnia complaints. As such, the criterion for pursuing such an intervention is not met. According this request is not medically necessary based on the information presented for review.

**1 Prescription for BCKL topical analgesic therapy cream (Baclofen 2% - Cyclobenzaprine 2% - Ketoprofen 15% - Lidocaine 5%): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines page(s) 111-113 Page(s): 111-113 of 127.

**Decision rationale:** As outlined in the Chronic Pain Medical Treatment Guidelines, the uses of such topical preparations are "largely experimental" and that any compound that contains at least one product is not clinically indicated, the entirety is not recommended. There was no clinical indication for a muscle relaxant medication for chronic or indefinite use. Therefore, this combination of medication is not medically necessary.

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