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| <b>Case Number:</b>   | CM14-0052790 |                              |            |
| <b>Date Assigned:</b> | 07/07/2014   | <b>Date of Injury:</b>       | 07/05/2013 |
| <b>Decision Date:</b> | 08/19/2014   | <b>UR Denial Date:</b>       | 04/15/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/21/2014 |

### 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 Internal 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 54 year old male who was injured on 07/05/2013. The mechanism of injury is unknown. Primary treating physician medical re-evaluation dated 03/05/2014 indicates the patient complained of left shoulder, left elbow, left hand and left wrist pain. He reported having difficulty raising his hand above his head. He was using Naprosyn for pain control which was very helpful. On exam, he was noted to have tenderness to palpation of the paraspinals, suboccipitals, and upper trapezius muscles bilaterally. Range of motion of the cervical spine was mildly decreased. The left shoulder revealed tenderness to palpation of the upper trapezius muscle, rhomboid, rotator cuff and bicipital groove and tenderness at the GH and AC joints as well. Range of motion of the left shoulder revealed abduction to 130; flexion to 120; extension to 20; adduction to 20; internal rotation to 50; external rotation to 35. The left elbow was tender at the lateral epicondyle with normal range of motion. The left wrist/hand revealed tenderness to palpation of the anatomical snuffbox and carpal bones. Range of motion was mildly decreased with flexion to 40; extension to 40; ulnar deviation to 20; and radial deviation to 15. He had a positive Phalen's test. Diagnoses included cervical spine sprain/strain; thoracic spine strain/sprain; left shoulder impingement syndrome; left lateral epicondylitis; left wrist strain/sprain; osteoarthritis of the left hand; and left hand strain/sprain. He had been recommended Cyclobenzaprine 2%, Flurbiprofen 20%. Prior utilization review dated 04/15/2014 states the request for Compounded: Cyclobenzaprine 2%/ Flurbiprofen 20%, 240gm (Muscle relaxant, inflammation) is denied as the request is a compounded product. A compounded medication may contain a product that is not supported by the guidelines and therefore would not be recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compounded: Cyclobenzaprine 2%/ Flurbiprofen 20%, 240gm (Muscle relaxant, inflammation): 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 Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain , Topical analgesics.

**Decision rationale:** Topical analgesics are an option for various types of pain, and many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, to name a few). There is little to no research to support the use of many of these agents. The CA MTUS state that topical NSAIDs have demonstrated some benefit in conditions such as osteoarthritis and chronic non-specific pain, as compared to placebo. However, there is no evidence to suggest that the muscle relaxant Cyclobenzaprine as a topical formulation is beneficial. Furthermore, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lastly, topical analgesics are used as a second line therapy, and patients should have evidence of failing oral analgesics such as NSAIDs and acetaminophen. Given all of the aforementioned reasons, the request for compounded Cyclobenzaprine 2%/ Flurbiprofen 20%, 240gm is deemed not medically necessary.