

<b>Case Number:</b>	CM14-0065859		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	10/07/2003
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	04/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2014

### 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:

This 45 year-old patient sustained an injury on 10/7/2003 while employed by [REDACTED]. [REDACTED]. Request(s) under consideration include Compound: 15gm Cyclobenzaprine 10% Tramadol 10% 60gm tube. Report of 3/10/14 from the provider noted the patient with chronic ongoing cervical spine pain radiating down right arm associated with numbness and tingling; right shoulder pain radiating to shoulder blade. Exam of cervical spine showed tenderness at paraspinal muscles; decreased range of motion; positive Spurling's on right side; right shoulder with positive AC joint tenderness; positive Neer's/Hawkin's/O'Brien's. Treatment included topical compound and the patient remained off work. Request(s) for Compound: 15gm Cyclobenzaprine 10%/Tramadol 10% 60gm tube was non-certified on 4/25/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound: 15gm Cyclobenzaprine 10%/Tramadol 10% 60 gm tube:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, page(s) 111-113, Largely experimental in use with few randomized controlled trials

to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) Page(s): 111-113.

**Decision rationale:** Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with spinal and multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this chronic injury of 2003 without documented functional improvement from treatment already rendered. The Compound: 15gm Cyclobenzaprine 10%/Tramadol 10% 60gm tube is not medically necessary.