

<b>Case Number:</b>	CM14-0067265		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	04/30/2008
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	05/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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 Hawaii and 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 patient is a 68-year-old employee with date of injury of April 30, 2008. A review of the medical records indicate that the patient is undergoing treatment for lumbosacral disc degeneration. Subjective complaints include low back pain radiating into bilateral lower extremities (November 4, 2013); severe left leg pain and spinal pain (March 10, 2014). Patient also indicated that transdermal and oral medications has improved pain. Objective findings include well healed knee incision; knee flexion 0, extension 100; tenderness over the paraspinal muscles and right sciatic notch; positive leg raise bilaterally (November 4, 2013). Progress report dated March 10, 2014 indicated that the patient was using a cane. Treatment has included transdermal and oral medications, according to physician's report dated March 10, 2014. Medications have included hydrocodone/APAP 10/325mg 4-6/day #50, Omeprazole 20mg 1-2/day #60. The utilization review dated May 1, 2014 noncertified a request for cyclobenzaprine/flurbiprofen due to lack of medical necessity being established.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine/Flurbiprofen (duration and frequency unknown), provided on March 14, 2014:** Upheld

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

**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, Compound creams

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines and ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. The Chronic Pain Medical Treatment Guidelines states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Regarding Cyclobenzaprine or muscle relaxants, the Chronic Pain Medical Treatment Guidelines states regarding topical muscle relaxants, "Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Topical cyclobenzaprine is not indicated for this usage, according to the Chronic Pain Medical Treatment Guidelines. Regarding Flurbiprofen, the Chronic Pain Medical Treatment Guidelines states that the only FDA- approved NSAID medication for topical use includes diclofenac, which is indicated for relief of osteoarthritis pain in joints. Flurbiprofen would not be indicated for topical use in this case. In this case, the request compound includes two components that are not recommended: Cyclobenzaprine and flurbiprofen. According to the Chronic Pain Medical Treatment Guidelines, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended". As such, the request for Cyclobenzaprine/ Flurbiprofen (duration and frequency unknown), provided on March 14, 2014, is not medically necessary or appropriate.