

<b>Case Number:</b>	CM14-0071542		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	12/17/2009
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	05/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/16/2014

### 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 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 records presented for review indicate that the injured worker is a 52 year old female who was reportedly injured on December 17, 2009. The mechanism of injury is noted as cumulative trauma. The most recent progress note, dated April 17, 2014, indicates that there are ongoing complaints of neck pain, low back pain, and right wrist pain. The physical examination demonstrated tenderness along the lumbar spine paravertebral muscles with spasms, decreased lumbar spine range of motion secondary to pain, right wrist noted a well-heeled carpal tunnel release , and limited range of motion of the wrist and digits secondary to pain. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes a lumbar spine fusion, a right carpal tunnel release, and a left carpal tunnel release. Treatment has also included chiropractic care, physical therapy, and oral medications. A request was made for Cyclobenzaprine/ Flurbiprofen and Amitriptyline/ Dextromethorphan/ Tramadol and was not certified in the preauthorization process on May 7, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 2%, Flurbiprofen 20%, 240 gm:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 111-113 OF 127.

**Decision rationale:** According to the California Chronic Pain Medical Treatment Guidelines the only topical analgesic medications indicated for usage include anti-inflammatories, Lidocaine, and Capsaicin. There is no known efficacy of any other topical agents to include Cyclobenzaprine. Considering this, the request for Cyclobenzaprine/ Flurbiprofen 2/2 percent, 240 gram is not medically necessary.

**Amitriptyline 4%, Dextromethorphan 10%, Tramadol 20%:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 111-113 OF 127.

**Decision rationale:** According to the California Chronic Pain Medical Treatment Guidelines the only topical analgesic medications indicated for usage include anti-inflammatories, Lidocaine, and Capsaicin. There is no known efficacy of any other topical agents. Considering this, the request for Amitriptyline/ Dextromethorphan/ Tramadol 4/10/20 percent is not medically necessary.