

<b>Case Number:</b>	CM14-0072240		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	02/18/2013
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	04/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2014

### 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 & Rehabilitation and Pain 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 injured worker is a 57-year-old male smoker who reported an injury due to heavy lifting and twisting on 02/18/2013. On 03/06/2014, his diagnoses included cervical, thoracic and lumbar strains with evidence of probable cervical and lumbar radiculopathy. His complaints included neck and shoulder pain with some radiation to his right upper extremity and his right infrascapular region. Electrodiagnostic studies revealed carpal tunnel syndrome and left L5 radiculopathy. He had been prescribed naproxen and tramadol but developed nausea and vomiting and those medications were discontinued. The treatment plan included beginning a course of gabapentin 300 mg and a cream containing cyclobenzaprine on the trigger points of his right infrascapular region. There was no rationale or request for authorization included in this worker's chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine Cream:** Upheld

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

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

**Decision rationale:** The request for cyclobenzaprine cream is not medically necessary. The California MTUS Guidelines refer to topical analgesics as largely experimental with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded for pain control including muscle relaxants. 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. There is no evidence for the use of any muscle relaxants as a topical product. The guidelines do not support the use of this cream. Additionally, there was no quantity or frequency of application specified in the request. Furthermore, the body part or parts to have been treated were not specified in the request. Therefore, this request for cyclobenzaprine cream is not medically necessary.