

<b>Case Number:</b>	CM14-0078446		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	10/07/2003
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	05/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2014

### 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 is licensed to practice in Illinois. 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 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 46-year-old female who reported an injury on 10/07/2003 due to an unknown mechanism. Diagnoses were cervical disc degeneration, lumbar region unspecified disc disorder, and lumbar disc bulge. Past treatments were not reported. Diagnostic studies were not reported. Surgical history was not reported. Physical examination on 02/07/2014 revealed injured worker complaints of cervical spine pain and right shoulder pain, especially with movement overhead. The injured worker also complained of lumbar spine pain that radiated to both hips. The injured worker reported that medications and compound cream were helpful. Examination revealed lumbar spine was positive for tenderness of the paraspinals, also there was a decrease in range of motion due to pain. There was a positive straight leg raise on the left leg at 20 degrees. Examination of the cervical spine revealed tenderness of the paraspinals and decreased range of motion due to pain. Treatment plan was to continue medications as directed. The rationale and Request for Authorization were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound: Cyclobenzaprine 10% and Tramadol 10% 15GM tube and 60GM tube:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Topical Analgesics, Cyclobenzaprine, Tramadol Page(s): 111 ,41 ,82.

**Decision rationale:** The Request for Compound: Cyclobenzaprine 10% and Tramadol 10% 15Gm tube and 60gm tube are not medically necessary. The California MTUS indicate that Cyclobenzaprine (Flexeril) is recommended for a short course of therapy. This medication is not recommended to be used for longer than 2-3 weeks. The addition of Cyclobenzaprine to other agents is not recommended. They do not recommend the topical use of Cyclobenzaprine as a topical muscle relaxants as there is no evidence for use of any other muscle relaxant as a topical product. A thorough search of FDA.gov did not indicate there was a formulation of topical Tramadol that had been FDA approved. The approved form of Tramadol is for oral consumption, which is not recommended as a first line therapy. Previous conservative care was not reported. The guidelines do not support the use of compounded creams. Also, the request does not indicate the frequency for the medication. Therefore, the request is not medically necessary.