

<b>Case Number:</b>	CM14-0078972		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	08/12/2011
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	04/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2014

### 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 injured worker is a 40-year-old male who reported an injury on 08/12/2011. The mechanism of injury was not provided in the medical records. His diagnoses include lumbar spine sprain/strain, lumbar discopathy, and right lower extremity radiculitis. His previous treatments include medication, physical therapy, injections, aquatic therapy, TENS unit, and shockwave therapy. Per the clinical note dated 03/13/2014, the injured worker reported continued to have pain in his lower back. On physical examination, the physician reported there was paralumbar muscle tenderness to palpation with guarding, limited lumbar spine range of motion, and a positive right straight leg raise test. The physician also reported there was decreased sensation at the L5 dermatome in the right lower extremity. The physician reported the injured worker was pending approval for a lumbar epidural injection. The physician's treatment plan included a recommendation for the injured worker to followup with his pain management specialist and he provided prescriptions for Norco and Anaprox DS. The current request is for cyclobenzaprine 2% flurbiprofen 20%, 240 mg Camphor 2%. The rationale for the request was for muscle relaxant and inflammation. The request for authorization form was provided on 03/13/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 2% Flurbiprofen 20%, 240mg Camphor 2%:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): page(s) 113.

**Decision rationale:** The current request is for Cyclobenzaprine 2% Flurbiprofen 20%, 240mg Camphor 2%. The California MTUS Guidelines state topical analgesics are largely experimental in use 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. The guidelines also state that any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The guidelines also indicate there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. The guidelines also state that there is no evidence for use of muscle relaxants as a topical product. The clinical documentation provided indicated the injured worker had complaints of chronic low back pain and the physician ordered the cyclobenzaprine 2%, flurbiprofen 20%, 240 mg Camphor 2% for muscle relaxant and inflammation. The guidelines state any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Therefore, as cyclobenzaprine is not recommended for the use of topical application, and topical NSAIDs are not recommended to treat the spine, the request would not be supported. The request also failed to provide the frequency and body area the medication was to be applied. As such, the request for cyclobenzaprine 2% flurbiprofen 20%, 240 mg Camphor 2% is not medically necessary.