

<b>Case Number:</b>	CM14-0084230		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	02/04/2013
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	05/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2014

### 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 Family Medicine, and is licensed to practice in North Carolina. 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 patient is a 60-year-old with a reported date of injury of 02/14/2013 that occurred while working as a cashier and turning to reach for an object. The patient has the diagnoses of cervical spine strain/sprain, thoracic spine sprain/strain, cervical degenerative disc disease, foraminal stenosis, anterior wedge compression fracture of T8 and possibly T9 and facet joint osteoarthritis. The progress notes provided by the primary treating physician dated 05/06/2014 indicate the patient has complaints of constant moderate to severe aching at times sharp neck pain with radiation into the right upper extremity and constant moderate to severe mid and upper back pain. Physical exam noted tenderness to palpation in the cervical paravertebral, suboccipital, upper thoracic and paraspinal muscles. There were trigger points in the trapezius muscle and rhomboid muscles as well as decreased range of motion. Treatment plan consisted of chiropractic care and medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclo/Keto/Lido Cream:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Compound Drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics.

**Decision rationale:** The California MTUS chronic pain medical treatment guidelines section on topical analgesics states: "Any compound product that contains at least one drug (or drug class) that is not recommended is not recommended" Per these guidelines, "there is no evidence for use of any other muscle relaxant as a topical product." Since the requested medication is a compound with a muscle relaxant, the medication is not recommended per guidelines and thus not certified.