

<b>Case Number:</b>	CM14-0090785		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	02/17/2001
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	06/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2014

### 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 Occupational Medicine and is licensed to practice in Hawaii. 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:

This case is a 56 year-old female with a date of injury on 2/17/2001. Medical documents indicate that the patient is undergoing treatment for lumbar strain, cervical sprain, bilateral knee sprain, gastritis, left ankle sprain, and possible side effect from medication. Subjective complaints (3/12/2014) include lumbar and cervical pain that is "above 10" scale. Objective findings (3/12/2014) include "flexion and extension are somewhat restricted" (cervical neck), tenderness noted at cervical paravertebral/trapezius and lumbar paraspinal muscles, and sensory exam intact. Treatment has included Cyclobenzaprine 7.5 mg PO nightly #30 (3/7/2014), home exercise programs, cane, foot orthotics, and naproxen. A utilization review dated 6/3/2014 the request for Cyclobenzaprine 7.5 mg # 30 and K-Rub cream (10% Ketoprofen, 1% Cyclobenzaprine, 5% Lidocaine, 10% Baclofen, 10% Gabapentin and 65% Ultram base) is not medically necessary due to not meeting guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 7.5 mg # 30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42, 60-61. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: UpToDate, Flexeril.

**Decision rationale:** MTUS Chronic Pain medical Treatment states that Cyclobenzaprine (Flexeril) is "Recommended as an option and is only to be used for a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief." Additionally, MTUS outlines, "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Men's, 2005)" Up-to-date "Flexeril" also recommends "Do not use longer than 2-3 weeks" and is for "Short-term (2-3 weeks) treatment of muscle spasm associated with acute, painful musculoskeletal conditions" The date of injury in 2001 and far exceeds the recommended initial 4 day treatment window. The prescription is for cyclobenzaprine 7.5mg nightly #30, which is for 30 days and exceeds the recommended 2-3 weeks treatment length. As such, the request for Cyclobenzaprine 7.5mg is not medically necessary.

**K-Rub cream (10% Ketoprofen, 1% Cyclobenzaprine, 5% Lidocaine, 10% Baclofen, 10% Gabapentin and 65% Ultram base):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxant, Compound creams.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines on Topical Analgesics indicates that "topical medications are largely experimental in use with few randomized controlled trials to determine efficacy or safety. These are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The guidelines also indicate that any compounded product that contains at least one drug (or drug class) that is not recommended is not medically necessary. MTUS states regarding other muscle relaxants, "There is no evidence for use of any other muscle relaxant as a topical product." Cyclobenzaprine is a muscle relaxant. Additionally, MTUS states that "Gabapentin is not recommended. There is no peer-reviewed literature to support use." The medical necessity of this request has not been established and as such, the request for K-Rub cream (10% Ketoprofen, 1% Cyclobenzaprine, 5% Lidocaine, 10% Baclofen, 10% Gabapentin and 65% Ultram base) is not medically necessary.