

<b>Case Number:</b>	CM14-0189262		
<b>Date Assigned:</b>	11/17/2014	<b>Date of Injury:</b>	04/19/1999
<b>Decision Date:</b>	01/07/2015	<b>UR Denial Date:</b>	10/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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 and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 46 year old female with an injury date on 4/19/1999. Patient complains of continued pain in the cervical spine radiating down bilateral hands, with numbness/tingling, as well as lumbar spine pain. Her total pain is rated 6/10 on the VAS scale and she states the pain is increased with repetitive movements and prolonged positions per 9/5/14 report. The patient also has stiffness and spasms in her neck/back per 6/27/14 report. Based on the 10/10/14 progress report provided by the treating physician, the diagnoses are: 1. Cervical spine sprain. 2. Thoracic sprain. 3. Herniated disk, lumbar spine. Exam on 10/10/14 showed "L-spine range of motion is decreased, with flexion 12 inches lacking when touching fingertips to the floor. Straight leg raise is negative bilaterally. Normal neurological exam in upper and lower extremities." Patient's treatment history includes medication (compounded topical cream, over the counter), home exercise program, and a lumbar brace. The treating physician is requesting Cyclobenzaprine compound topical cream 30 gm. The utilization review determination being challenged is dated 10/23/14. The requesting physician provided treatment reports from 3/28/14 to 11/7/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine compound topical cream 30 gm:** Upheld

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

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

**Decision rationale:** This patient presents with neck pain, bilateral hand pain, and back pain. The treater has asked for Cyclobenzaprine compound topical cream 30 gm on 10/10/14. It appears the treater dispensed the Cyclobenzaprine 10% - Tramadol 10% topical cream on 9/5/14 per 10/10/14 report, making this a retrospective request. Regarding topical analgesics, MTUS state they are largely experimental in use with few randomized controlled trials to determine efficacy or safety, and recommends for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS does not recommend any muscle relaxant for topical use. In this case, the patient presents with chronic back pain, and neck pain with radicular symptoms in the bilateral hands. This retrospective request for the compounded topical cream, however, is not indicated per MTUS guidelines. As topical cyclobenzaprine is not indicated, the entire compounded topical cream is also not indicated for use. The request is not medically necessary.