

<b>Case Number:</b>	CM14-0189272		
<b>Date Assigned:</b>	11/17/2014	<b>Date of Injury:</b>	04/19/1999
<b>Decision Date:</b>	01/06/2015	<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 04/19/1999. Based on the 10/10/2014 progress report provided by the treating physician, the diagnoses are: Cervical spine sprain; thoracic sprain; and herniated disk, lumbar spine. According to this report, the patient complains of "continued pain and stiffness is noted for neck and back. Pain is increased with excessive activities and prolonged positions." Numbness and tingling are noted in both hands with radiating pain. The patient describes the pain as 8 out of 10. The patient has limitations in her ability to perform activities of daily living at 35% of normal and relief of pain at 60% with use of medications. Exam findings show tenderness and spasms are palpable over the paravertebral musculature of cervical, thoracic, and lumbosacral spine. There were no other significant findings noted on this report. The utilization review denied the request for Cyclobenzaprine compound topical cream 120 gram on 10/23/2014 based on the MTUS guidelines. The requesting physician provided treatment reports from 10/10/2014 to 11/07/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine compound topical cream 120gm:** 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 Analgesics Page(s): 111.

**Decision rationale:** According to the 10/10/2014 report, this patient presents with continued pain and stiffness is noted for neck and back. Per this report, the current request is for Cyclobenzaprine compound topical cream 120 gram. Regarding Topical Analgesics, MTUS page 111 states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." Regarding Cyclobenzaprine topical, MTUS also states, other muscle relaxants: There is no evidence for the use of any other muscle relaxant as a topical product. In this case, Cyclobenzaprine cream are not recommended for topical formulation. Therefore, this request is not medically necessary.