

<b>Case Number:</b>	CM14-0189343		
<b>Date Assigned:</b>	11/20/2014	<b>Date of Injury:</b>	03/07/2000
<b>Decision Date:</b>	01/08/2015	<b>UR Denial Date:</b>	11/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2014

### 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of March 7, 2000. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; extensive prior sessions of acupuncture, including 35 treatments, per the claims administrator; and topical compounded medications. In a November 7, 2014 progress note, the claims administrator denied a request for topical compounded Cyclobenzaprine-containing agent reportedly dispensed on August 19, 2014. The applicant's attorney subsequently appealed. In a December 18, 2006 medical-legal evaluation, it was acknowledged that the applicant was not working, and had received an award for Social Security Disability Insurance (SSDI), in addition to workers' compensation indemnity benefits. In a progress note dated April 9, 2014, the applicant was using Norco, Desyrel, Colace, and Flexeril, it was acknowledged. On July 9, 2014, the applicant again reported ongoing complaints of neck and shoulder pain. The applicant was using Norco, Desyrel, Colace, Flexeril, and Wellbutrin, it was acknowledged. The applicant had received multiple cervical rhizotomy procedures, trigger point injections, and epidural steroid injections, it was noted. On August 1, 2014, Norco, Desyrel, Senna, and Flexeril were renewed as was the applicant's permanent work restrictions. The applicant did have ongoing complaints of neck and shoulder pain, in addition to depressive symptoms associated with bipolar disorder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound Cyclobenzaprine 4%/Capsaicin 0.5% gel 30 grams for the neck and right shoulder with DOS 8/19/2014: Upheld**

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

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

**Decision rationale:** As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as Cyclobenzaprine, the primary ingredient in the compound at issue, are not recommended for topical compound formulation purposes. Since one or more ingredients in the compound are not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the applicant's ongoing usage of numerous first-line oral pharmaceuticals, including Norco, Desyrel, Flexeril, etc., effectively obviated the need for the Cyclobenzaprine-containing compound at issue. Therefore, the request is not medically necessary.