

<b>Case Number:</b>	CM14-0189763		
<b>Date Assigned:</b>	11/20/2014	<b>Date of Injury:</b>	07/16/2014
<b>Decision Date:</b>	01/08/2015	<b>UR Denial Date:</b>	10/17/2014
<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 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 41 year old with an injury date on 7/16/14. Patient complains of increased mid/low lumbar pain with slight depression and anxiety per 8/12/14 report. A follow-up note on the 8/12/14 report states the pain was rated 6/10 with no functional changes since last report. The patient states he has trouble sleeping (3-5 hours of sleeplessness per night) and has negative changes in sexual function per 9/5/14 report. Based on the 8/12/14 progress report provided by the treating physician, the diagnoses are: 1. L-spine strain; 2. bilateral radiculitis. Exam on 8/12/14 showed "No neurological deficits." The 9/5/14 exam showed a positive straight leg raise on the right. L-spine range of motion reduced and restricted particularly at flexion: 12 degrees." Patient's treatment history has included medication (oral NSAIDs) and 6 chiropractic treatments (unspecified efficacy). The treating physician is requesting cyclo/keto/lido 240gm (1 refill). The utilization review determination being challenged is dated 10/17/14. The requesting physician provided treatment reports from 8/12/14 to 9/5/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclo/Keto/Lido 240gm (1 refill):** 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 back pain. The treating physician has asked for Cyclo/Keto/Lido 240gm (1 refill) but the requesting progress report is not included in the provided documentation. 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 Cyclobenzaprine for topical use. In this case, the patient presents with chronic lower/mid back pain. The requested 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. Recommendation is that the request is not medically necessary.