

<b>Case Number:</b>	CM14-0190211		
<b>Date Assigned:</b>	11/21/2014	<b>Date of Injury:</b>	01/04/2004
<b>Decision Date:</b>	01/08/2015	<b>UR Denial Date:</b>	10/27/2014
<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 injured worker is a 48 year old female with an injury date of 01/04/04. Based on the progress report dated 09/29/14, the injured worker complains of residual pain in cervical and lumbar spine. Cervical spine pain is greater than lumbar pain and radiates to the upper extremities to cause numbness and tingling. Physical examination reveals tenderness in the cervical paraspinal musculature along with decreased range of motion secondary to pain and stiffness. Spurling's sign is positive bilaterally. There is diminished sensation to light touch and pinprick in the bilateral C5 dermatomal distribution. As per progress report dated 04/01/14, the injured worker is status post lumbar fusion (date of procedure not mentioned). The injured worker complains of residual pain in lumbar spine and right SI joint radiating to right shoulder blade. Injured worker received medications on 06/10/14 including Anaprox DS, Doral, Norco, Prilosec and Ultram, as per progress report dated 09/29/14. The injured worker received 6 sessions of physical therapy, as per Utilization Review denial letter. The injured worker is off work, as per progress report dated 04/01/14. Diagnoses, 09/29/14:- Cervical musculoligamentous injury- Cervical radiculopathy- Lumbar discopathy with disc displacement, status post lumbar fusion. The treating physician is requesting for (a) Retro: Cyclobenzaprine / Tramadol Topical Cream 60 Gm (b) Retro: Soma 350 Mg # 90 (C) Retro: Cyclobenzaprine / Tramadol Topical Cream 15 Gm. The utilization review determination being challenged is dated 10/27/14. The rationale follows: (a) Retro: Cyclobenzaprine / Tramadol Topical Cream 60 gm - "Requested compounded medication contains non-indicated medications and would therefore not be appropriate." (b) Retro: Soma 350 mg # 90 - "Neither of these formulations is recommended for longer than a 2 to 3 week period." (c) Retro: Cyclobenzaprine / Tramadol Topical Cream 15 gm - "Requested compounded

medication contains non-indicated medications and would therefore not be appropriate."Treatment reports were provided from 04/01/14 - 09/29/14.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Retro: Cyclobenzaprine/Tramadol topical cream 60gm: 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 Compounded Creams Page(s): 111.

**Decision rationale:** The injured worker is status post lumbar fusion (date of procedure not mentioned). The injured worker complains of residual pain in cervical and lumbar spine with the cervical spine pain radiating to the upper extremities to cause numbness and tingling, as per progress report dated 09/29/14. The request is for Retro: Cyclobenzaprine / Tramadol Topical Cream 60 Gm. The MTUS guidelines do not discuss topical opioids. However, they state that there is no evidence for use of muscle relaxants such as cyclobenzaprine as a topical product. MTUS Guidelines also provide clear discussion regarding topical compounded creams on pg 111. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In progress report dated 09/29/14, the treater states that 60 gm Cyclobenzaprine / Tramadol topical cream will help "to directly target pain associated with inflammation and muscle spasm." However, the compounded medication contains cyclobenzaprine which is not recommended by MTUS. The guidelines state that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The request for Retro: Cyclobenzaprine/Tramadol topical cream is not medically necessary.

**Retro: Soma 350mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medication Guidelines, Muscle Relaxants Page(s): 63-66.

**Decision rationale:** The injured worker is status post lumbar fusion (date of procedure not mentioned). The injured worker complains of residual pain in cervical and lumbar spine with the cervical spine pain radiating to the upper extremities to cause numbness and tingling, as per progress report dated 09/29/14. The request is for Retro: Soma 350 mg # 90. MTUS, Chronic Pain Medication Guidelines, Muscle Relaxants, page 63-66: "Carisoprodol (Soma, Soprodal 350Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." Review of the available progress reports indicates that this is the first prescription for Soma. The muscle relaxant may help manage pain in the injured worker.

However, the treater is requesting for # 90. MTUS guidelines do not recommend the use of muscle relaxants such as Soma for more than 2 to 3 week period. There is lack of information pertinent to the request such as a flare-up of symptoms for a short-term use of this medication to recommend authorization based on MTUS guidelines. The request for Retro: Soma 350mg is not medically necessary.

**Retro: Cyclobenzaprine/Tramadol topical cream 15gm: 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 compounded creams Page(s): 111.

**Decision rationale:** The injured worker is status post lumbar fusion (date of procedure not mentioned). The injured worker complains of residual pain in cervical and lumbar spine with the cervical spine pain radiating to the upper extremities to cause numbness and tingling, as per progress report dated 09/29/14. The request is for Retro: Cyclobenzaprine/Tramadol Topical cream 15 gm. The MTUS guidelines do not discuss topical opioids. However, they state that there is no evidence for use of muscle relaxants such as cyclobenzaprine as a topical product. MTUS Guidelines also provide clear discussion regarding topical compounded creams. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In progress report dated 09/29/14, the treater states that 15 gm Cyclobenzaprine/Tramadol topical cream "to directly target pain associated with inflammation and muscle spasm." However, the compounded medication contains cyclobenzaprine which is not recommended by MTUS. The guidelines state that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The request for Retro: Cyclobenzaprine/Tramadol topical cream 15gm is not medically necessary.