

<b>Case Number:</b>	CM14-0191747		
<b>Date Assigned:</b>	11/20/2014	<b>Date of Injury:</b>	05/19/1988
<b>Decision Date:</b>	01/12/2015	<b>UR Denial Date:</b>	10/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 Pain 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:

This is a patient with a date of injury of May 19, 1988. A utilization review determination dated October 28, 2014 recommends noncertification of a topical compound medication. A progress report dated May 19, 2014 identifies subjective complaints of lumbar pain radiating to both legs with numbness and tingling. "Meds and compound creams are helpful." Objective examination findings revealed lumbar tenderness to palpation with decreased range of motion secondary to pain. Diagnoses include lumbar discopathy, lumbar radiculopathy, and carpal tunnel syndrome. The treatment plan recommends an MRI, TENS unit replacement, and a rigid lumbar brace. The progress report dated September 26, 2014 indicates that a topical compound including Cyclobenzaprine and Tramadol was prescribed which "is in accordance with Official Disability Guidelines."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**15gm and 60gm Cyclobenzaprine 10%-Tramadol 10% topical cream, apply thin layer to affected area 2x daily as directed: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111, 112. Decision based on Non-MTUS Citation ODG, Pain

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009) Page(s): 111-113.

**Decision rationale:** Regarding the request for Cyclobenzaprine 10%-Tramadol 10% topical cream, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Muscle relaxants drugs are not supported by the CA MTUS for topical use. As such, the requested 15 gm and 60 gm Cyclobenzaprine 10%-Tramadol 10% topical cream is not medically necessary.