

<b>Case Number:</b>	CM14-0200830		
<b>Date Assigned:</b>	12/11/2014	<b>Date of Injury:</b>	07/12/2013
<b>Decision Date:</b>	01/31/2015	<b>UR Denial Date:</b>	11/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 patient is a 50 year old employee with date of injury of 7/12/13. Medical records indicate the patient is undergoing treatment for right elbow internal derangement, low back pain, intervertebral disc displacement at the lumbar region and lumbar spine sprain/strain. Subjective complaints include burning right elbow pain and muscle spasms; constant, moderate to severe; 5-6/10 with weakness, numbness, tingling and pain radiating to hand and fingers. She has radicular low back with spasm. Her pain is rated 9/10 and she says it is constant and severe. Her pain medications allow for better sleep and temporary pain relief. Objective findings include tenderness at the flexor and extensor muscle compartments of the forearm with decreased range of motion. There is tenderness of the lumbar spine at the quadratus lumborum and at the lumbosacral junction with decreased range of motion. Light touch is diminished at C5, C7 and C8 and T1 dermatomes in the bilateral upper extremities and L4, L5 and S1 bilaterally. There is tenderness over the lumbar spine, quadratus lumborum and lumbosacral junction. There is decreased lumbar range of motion. An MRI of right elbow (11/13) was unremarkable. An MRI of lumbar spine (10/13) revealed disc desiccation at L3-L4 down to L5-S1; straightening of lumbar lordotic curvature with levoconvex scoliosis; L3-L4, L4-L5 and L5-S1 all have broad based disc protrusion with no significant spinal canal stenosis. Treatment has consisted of LINT, PT, acupuncture, elbow support, Cream Cyclobenzaprine 2% Flurbiprofen 25% 180 gm and Cream Cyclobenzaprine 2% Gabapentin 15% Amitriptyline 10% 180gm. The utilization review determination was rendered on 11/6/14 recommending non-certification of Cream Cyclobenzaprine 2% Flurbiprofen 25% 180 gm and Cream Cyclobenzaprine 2% Gabapentin 15% Amitriptyline 10% 180gm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cream Cyclobenzaprine 2% Flurbiprofen 25% 180 gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

**Decision rationale:** MTUS and ODG recommend usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS states regarding topical muscle relaxants, "Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Topical cyclobenzaprine is not indicated for this usage, per MTUS. As such, the request for Cream Cyclobenzaprine 2% Flurbiprofen 25% 180 gm is not medically necessary.

**Cream Cyclobenzaprine 2% Gabapentin 15% Amitriptyline 10% 180gm:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

**Decision rationale:** MTUS and ODG recommend usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS states regarding topical muscle relaxants, "Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Topical cyclobenzaprine is not indicated for this usage, per MTUS. As such the request for Cream Cyclobenzaprine 2% Gabapentin 15% Amitriptyline 10% 180gm is not medically necessary.