

<b>Case Number:</b>	CM14-0202065		
<b>Date Assigned:</b>	12/12/2014	<b>Date of Injury:</b>	01/10/2012
<b>Decision Date:</b>	02/04/2015	<b>UR Denial Date:</b>	11/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2014

### 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 is a 27-year old patient with date of injury of 01/10/2012. Medical records indicate the patient is undergoing treatment for myoligamentous strain of the lumbar spine with symptoms in the right foot and rule out HNP with nerve root irritation L5 left. Subjective complaints include constant low back pain; low back tightness with spasms; left leg pain and bilateral leg tightness increased with stooping, bending, sneezing, coughing, sitting and standing too long. Objective findings include blood pressure 130/80 and weight 193 lbs. The patient had decreased range of motion of the lumbosacral spine with tenderness to palpation. Treatment has consisted of physical therapy, a home exercise program, TENS unit, ice and hot packs as well as traction, epidural steroid injection, Lidocaine patches, Tramadol, Naproxen, Cyclobenzaprine, Omeprazole, and Lyrica. The utilization review determination was rendered on 11/17/2014 recommending non-certification of Retro Cyclobenzaprine 2 percent 60gm #2 Transdermal Cream one month supply.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro Cyclobenzaprine 2 percent 60gm #2 Transdermal Cream one month supply:** 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 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 Retro Cyclobenzaprine 2 percent 60gm #2 Transdermal Cream one month supply is not medically necessary.