

<b>Case Number:</b>	CM14-0204266		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	11/27/2001
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	11/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2014

### 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 Occupational 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 54-year-old female with an 11/27/01 date of injury. The mechanism of injury was the result of a fall. According to a progress report dated 11/7/14, the patient continued to express pain in the lumbar spine, which increased with excessive activity and prolonged positions. The patient described lower back pain at a level of 8 out of 10. She had activities of daily living at 60% of normal and also described improvement of 85% with the use of medications. Objective findings: limited lumbar spine range of motion, tenderness and spasm palpable over the paravertebral musculature, normal motor, reflex, and sensory exam of lower extremities, SLR test produces pain in the lumbar spine bilaterally. Diagnostic impression: herniated disk of lumbar spine. Treatment to date: medication management, activity modification. A UR decision dated 11/24/14 denied the request for cyclobenzaprine topical cream. The guidelines do not support the use of topical baclofen or other muscle relaxants.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine topical cream 30gm 72 hour 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): 25, 28, 111-113.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in anything greater than a 0.025% formulation, Baclofen, Boswelia Serrata Resin, and other muscle relaxants, and Gabapentin and other anti-epilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. However, in the present case, guidelines do not support the use of muscle relaxants in a topical formulation. A specific rationale identifying why this topical compounded medication would be required in this patient despite lack of guideline support was not provided. Therefore, the request for Cyclobenzaprine topical cream 30gm 72 hour supply was not medically necessary.