

<b>Case Number:</b>	CM14-0069991		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	10/15/2013
<b>Decision Date:</b>	01/23/2015	<b>UR Denial Date:</b>	05/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2014

### 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 Internal Medicine, has a subspecialty in HPM and is licensed to practice in Pennsylvania. 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 43-year-old gentleman with a date of injury of 10/15/2013. The submitted and reviewed documentation did not identify the mechanism of injury. Treating physician notes dated 04/01/2014 indicated the worker was experiencing lower back pain that went into the legs, numbness and tingling in the hands and feet, constipation, knee and hip pain, and problems sleeping. The documented examination described a straightened lower back curve, decreased motion in the lower back joints, and the presence of associated trigger points. The submitted and reviewed documentation concluded the worker was suffering from chronic pain syndrome, post-laminectomy syndrome, lumbar radiculopathy, and cervical spondylosis. Treatment recommendations included oral and topical pain medications, activity modification, a home exercise program, transforaminal injections, trigger point injections, weaning oral pain medications, and follow up care. A Utilization Review decision was rendered on 05/02/2014 recommending non-certification for 240g of a topical compound containing 2% Cyclobenzaprine and 20% Flurbiprofen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 2% and Flurbiprofen 20% topical 240 gm:** 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 rationale:** The request is for a topical compound containing medications in the non-steroidal anti-inflammatory drug (NSAID) (Flurbiprofen 20%) and muscle relaxant (cyclobenzaprine 2%) classes. The MTUS Guidelines recommend topical NSAIDs to treat pain due to osteoarthritis and tendonitis but not neuropathic pain. Use is restricted to several weeks because benefit decreases with time. It is specifically not recommended for use at the spine, hip, or shoulder areas. Diclofenac 1% is the medication and strength approved by the FDA. The Guidelines are silent as to the use of topical muscle relaxants, and the literature does not support their use. The submitted and reviewed documentation concluded the worker was suffering from chronic pain syndrome, post-laminectomy syndrome, lumbar radiculopathy, and cervical spondylosis. There was no discussion detailing extenuating circumstances that sufficiently support the use of this treatment in this setting. In the absence of such evidence, the current request for 240g of a topical compound containing 2% Cyclobenzaprine and 20% Flurbiprofen is not medically necessary.