

<b>Case Number:</b>	CM14-0095378		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	09/28/2012
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	06/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 45-year-old male who reported an injury on 09/20/2012. The mechanism of injury was lifting a piece of furniture. The injured worker was utilized topical creams as of at least 03/06/2014. The documentation of 06/02/2014 revealed a complaint of low back pain radiating down the bilateral lower extremities into the knee. The injured worker was complaining of constant axial low back pain. Prior treatments included chiropractic treatment, trigger point injections, physical therapy, psychotherapy and intra-articular steroid injections. The injured worker underwent an MRI of the lumbar spine. The diagnosis included rule out bilateral lumbar facet pain, L4-5 and L5-S1, possible lumbar sprain and strain, bilateral knee sprain and strain left more than right, possible referred pain from lumbar spine, and stress syndrome. The treatment plan included a diagnostic bilateral L4-5 and L5-S1 lumbar facet medial nerve block. Additionally, the injured worker was receiving Prilosec 20 mg twice a day #60, Cartivisc 3 times a day, and Flexeril 7.5 mg twice a day #60, as well as Tramadol ER 150 mg twice a day. The treatment plan included medications. There was no Request for Authorization submitted to support the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound: Cyclobenzaprine 2%, Flurbiprofen 20%, 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 Cyclobenzaprine. Flurbiprofen. Topical analgesics Page(s): 41,72,111.

**Decision rationale:** The California Medical Treatment Utilization Schedule guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. This agent is not currently FDA approved for a topical application. FDA approved routes of administration for Flurbiprofen include oral tablets and ophthalmologic solution. A search of the National Library of Medicine - National Institute of Health (NLM-NIH) database demonstrated no high quality human studies evaluating the safety and efficacy of this medication through dermal patches or topical administration. The guidelines do not recommend the topical use of Cyclobenzaprine as a topical muscle relaxants as there is no evidence for use of any other muscle relaxant as a topical product. The addition of cyclobenzaprine to other agents is not recommended. The clinical documentation submitted for review failed to provide documentation that the injured worker had a trial and failure of antidepressants and anticonvulsants. There was a lack of documented efficacy for the requested medication. There was a lack of documentation of objective pain relief. The request as submitted failed to indicate the frequency and the body part to be treated. Given the above, the request for compound: cyclobenzaprine 2 &, flurbiprofen 20% 240 gm are not medically necessary.