

<b>Case Number:</b>	CM14-0099943		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	01/05/2014
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	06/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/27/2014

### 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:

The applicant is a represented [REDACTED] employee who has filed a claim for shoulder, elbow, and back pain reportedly associated with a trip and fall industrial injury of January 5, 2014. In a utilization review report dated June 20, 2014, the claims administrator failed to approve a cyclobenzaprine-containing topical compound. The claims administrator stated that its denial was based on a May 21, 2014 progress note. The applicant's attorney subsequently appealed. In a handwritten note dated May 22, 2014, difficult to follow, not entirely legible, the applicant was given diagnoses of ankle strain, lumbar strain, shoulder strain, and elbow strain. Manipulative therapy and an orthopedic consultation were endorsed. The note was very difficult to follow. On January 22, 2014, the applicant presented with multifocal complaints of wrist, elbow, knee, shoulder, and low back pain. The applicant was given prescriptions for Deprizine, diclofenac, Synapryn, Tabradol, a Cyclophene topical compound, and a ketoprofen-containing topical compound. The applicant was placed off work, on total temporary disability. On June 18, 2014, the applicant was again placed off work, on total temporary disability, for an additional month, while a cyclobenzaprine containing topical compound, a ketoprofen containing topical compound, and several other topical compounds and oral suspensions were prescribed for multifocal complaints of wrist, neck, and shoulder pain. On April 21, 2014, the applicant was again placed off work, on total temporary disability, and many topical compounds, including the agent at issue, were prescribed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 5% Cream #100 grams:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Topical Muscle Relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Topic Page(s): 111-113.

**Decision rationale:** As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as cyclobenzaprine are not recommended for topical compound formulation purposes. Since one or more ingredients in the compound are not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the applicant has already received and used the topical compound at issue on several prior occasions, despite the unfavorable MTUS position on the same. The applicant has, furthermore, failed to demonstrate any significant benefit or functional improvement through ongoing usage of the cyclobenzaprine-containing compound. Significant complaints of pain were reported on multiple office visits, referenced above, throughout 2014. The applicant remained off work, on total temporary disability. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20(f), despite ongoing usage of the compound at issue. Therefore, the request is not medically necessary.