

<b>Case Number:</b>	CM15-0001496		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	12/08/2001
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	12/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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 51-year-old female who reported an injury on 12/08/2001. The mechanism of injury was not stated. The current diagnoses include plica syndrome and chondromalacia of the right knee, cervical spine musculoligamentous sprain, and lumbosacral spine herniated disc. The injured worker presented on 12/01/2014 with complaints of ongoing cervical and lumbar pain. The injured worker reported pain with increased movement and prolonged position, as well as bending, lifting, and stooping. The injured worker reported constant pain in the right knee with difficulty climbing, standing, and walking. There was also numbness and tingling reported in the right upper and lower extremity. Upon examination of the cervical spine, there was flexion and extension to 30 degrees with tenderness to palpation over the paravertebral and trapezial musculature with spasm present. Examination of the lumbar spine revealed slightly limited flexion, 20 degrees extension, spasm and tenderness over the paravertebral musculature bilaterally. Range of motion of the right knee was noted to be 0 degrees to 120 degrees with mild effusion and tenderness to palpation. Straight leg raising in the seated position produced pain in the lumbar spine bilaterally extending into the right thigh. Recommendations at that time included continuation of the current medication regimen of naproxen 550 mg, Doral 15 mg, Ultram ER 150 mg, cyclobenzaprine 10% topical cream, Soma 250 mg, omeprazole 20 mg, and flurbiprofen 25% topical cream. There was no Request for Authorization form submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine topical cream 30gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least 1 drug that is not recommended, is not recommended as a whole. Muscle relaxants are not recommended for topical use. Therefore, the current request is not medically appropriate.

**Prilosec 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitor (PPI's).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

**Decision rationale:** California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. There is no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. There is also no frequency listed in the request. As such, the request is not medically appropriate.

**Cyclobenzaprine topical cream 120gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least 1 drug that is not recommended, is not recommended as a whole. Muscle relaxants are not recommended for topical use. Therefore, the current request is not medically appropriate.