

<b>Case Number:</b>	CM15-0105510		
<b>Date Assigned:</b>	06/09/2015	<b>Date of Injury:</b>	03/31/2012
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	05/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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: Massachusetts

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 35-year-old female who sustained an industrial injury on 3/31/12. The injured worker was diagnosed as having status post total disc arthroplasty C4-C5 and right shoulder status post arthroscopy. Currently, the injured worker was with complaints of discomfort in the left side of the neck. Previous treatments included medication management. Physical examination was notable for decreased cervical spine range of motion. The plan of care was for medication prescriptions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 15%, Cyclobenzaprine 10%, Baclofen 2%, Lidocaine 5% cream x 1:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics Page(s): 60, 111-113.

**Decision rationale:** The claimant sustained a work injury and March 2012 and underwent a C4-5 disc replacement and right shoulder arthroscopy. When seen, she was having ongoing neck pain, headaches, and right shoulder pain. Physical examination findings included right-sided cervical paraspinal tenderness, midline cervical tenderness, and left greater and lesser occipital nerve tenderness. There was pain with Spurling's testing. There was decreased and painful cervical spine range of motion with spasms and bilateral upper trapezius tenderness. Flexeril and topical compounded cream was prescribed. Baclofen and cyclobenzaprine are muscle relaxants and there is no evidence for the use of any muscle relaxant as a topical product. Compounded topical preparations of flurbiprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as diclofenac. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. Guidelines also recommend that when prescribing medications only one medication should be given at a time. Therefore, this medication was not medically necessary.

**Flexeril 10mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-sedating muscle relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Cyclobenzaprine (Flexeril), p41 (2) Muscle relaxants, p63 Page(s): 41, 63.

**Decision rationale:** The claimant sustained a work injury and March 2012 and underwent a C4-5 disc replacement and right shoulder arthroscopy. When seen, she was having ongoing neck pain, headaches, and right shoulder pain. Physical examination findings included right-sided cervical paraspinal tenderness, midline cervical tenderness, and left greater and lesser occipital nerve tenderness. There was pain with Spurling's testing. There was decreased and painful cervical spine range of motion with spasms and bilateral upper trapezius tenderness. Flexeril and topical compounded cream was prescribed. Cyclobenzaprine is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, the quantity being prescribed is consistent with long-term use of more than 3 weeks and was therefore not medically necessary.