

<b>Case Number:</b>	CM15-0132357		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	04/28/1997
<b>Decision Date:</b>	08/19/2015	<b>UR Denial Date:</b>	06/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2015

### 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  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 sustained an industrial injury on 4/28/97. Progress report dated 5/26/15 reports continued complaints of neck pain. The pain level is rated 6-7/10. Diagnoses include: brachial neuritis or radiculitis NOS, neck sprain, displacement of cervical intervertebral disc without myelopathy. Plan of care includes: refill medications, consider cervical epidural steroid injection for flare up in 4-6 weeks and request urine toxicology screening. Work status: permanent and stationary with restrictions. Follow up in 30 days.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 2%, 120 gm, 30 day supply:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants; Topical medications.

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

**Decision rationale:** The patient presents with pain in the cervical spine. The request is for Cyclobenzaprine 2%, 120 gm, 30 day supply. Physical examination to the cervical spine on

11/14/14 revealed tenderness to palpation over the trapezius muscles bilaterally, and inflamed right trapezius muscle. Per 05/26/15 progress report, patient's diagnosis includes brachial neuritis or radiculitis nos, neck pain, displacement of cervical intervertebral disc without myelopathy, and cervicalgia. Patient's medications, per 02/03/15 progress report include Soma, Ambien, Norco, and Lidoderm Patches. Patient is permanent and stationary. MTUS has the following regarding topical creams (p 111, chronic pain section): "Topical Analgesics: Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. 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." MTUS has the following regarding topical creams (p 111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product". Treater has not discussed this request. No RFA was provided either. MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. In this case, the requested topical compound contains Cyclobenzaprine which is not supported for topical use. Therefore, the request is not medically necessary.