

<b>Case Number:</b>	CM15-0138936		
<b>Date Assigned:</b>	07/28/2015	<b>Date of Injury:</b>	08/24/2012
<b>Decision Date:</b>	08/27/2015	<b>UR Denial Date:</b>	06/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2015

### 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: North Carolina, Georgia  
 Certification(s)/Specialty: Family Practice

### 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 69 year old female, who sustained an industrial injury on August 24, 2012. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having lumbar radiculopathy, lumbar sprain and strain, right shoulder internal derangement, right shoulder sprain and strain, left shoulder derangement, left shoulder sprain and strain, loss of sleep, other insomnia, anxiety, and depression. Treatment and diagnostic studies to date has included a medication regimen. In a progress note dated June 05, 2015 the treating physician reports complaints of dull aching pain to the low back, right shoulder, and the left shoulder along with loss of sleep, anxiety, and depression. Examination reveals tenderness and myospasm to the left paralumbar muscles, decreased range of motion to the lumbar spine with pain, tenderness and spasms to the paravertebral muscles, tenderness to the right shoulder, tenderness and myospasm over the right rotator cuff muscles, decreased range of motion to the right shoulder with pain, tenderness to the left shoulder, tenderness and myospasm to the left rotator cuff muscles, and decreased range of motion to the left shoulder with pain. The injured worker's medication regimen included Cyclobenzaprine and Alprazolam. The injured worker's pain level to the low back and the right shoulder was rated an 8 out of 10 on a visual analog scale without the use of injured worker's medication regimen and rates the pain a 1 out of 10 with the use of the injured worker's medication regimen. The injured worker's pain level to the left shoulder was rated a 9 out of 10 on the visual analog scale without the injured worker's medication regimen and rates the pain level a 1 out of 10 with the use of the injured worker's medication regimen. The documentation

provided did not indicate if the injured worker experienced any functional improvement with use of her medication regimen. The treating physician requested the medication of Cyclobenzaprine 2%, Flurbiprofen 25%, 180gm but the documentation did not indicate the specific reason for the requested medication.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Cyclobenzaprine 2%, Flurbiprofen 25%, 180g: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 111-113.

**Decision rationale:** CA MTUS recommends limited use of topical analgesics. These are primarily recommended for neuropathic pain with antidepressants and anti-epileptics have failed. CA MTUS specifically prohibits the use of combination topical analgesics in which any component of the topical preparation is not recommended. Muscle relaxants in topical formulation are explicitly not approved in the CA MTUS. As such, the request for cyclobenzaprine / flurbiprofen is not medically necessary and the original UR decision is upheld.