

<b>Case Number:</b>	CM15-0140854		
<b>Date Assigned:</b>	07/30/2015	<b>Date of Injury:</b>	04/28/2003
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	07/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2015

### 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:

This 62 year old male sustained an industrial injury on 4-28-03. He subsequently reported several areas of pain. Diagnoses include chondromalacia patellae and pain in joint of right knee. Treatments to date include MRI testing, physical therapy, surgeries and prescription pain medications. The injured worker reports right knee pain and swelling with pop feeling, neck pain, headaches, left shoulder pain, right wrist and thumb numb, right leg numb and knee bending difficulty. Upon examination, there was a slow, antalgic gait using a cane. Left hand sensation decreased is decreased over ulnar distribution with diminished pinprick 1 of 2 as well as right leg, foot. Numbness in the right knee. Decreased neck and back range of motion. Spurling equivocal and poor tolerance to straight leg raise maneuver beyond 36 degrees was noted. A request for Cyclobenzaprine 10% Lidocaine 2% 4gm topical bid - tid prn was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 10% Lidocaine 2% 4gm topical bid - tid prn:** Upheld

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

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

**Decision rationale:** The patient presents on 07/09/15 with unrated pain in the neck, lower back, right hip, right knee, left shoulder, and right wrist/thumb. The patient also complains of associated numbness in the right hand/thumb, and right lower extremity. The patient's date of injury is 04/23/03. Patient is status post right total knee arthroplasty on 11/28/12, laminectomy and facetotomy at unspecified levels on 05/16/13. The request is for CYCLOBENZAPRINE 10% LIDOCAINE 2% 4GM TOPICAL BID-TID PRN. The RFA is dated 07/09/15. Physical examination dated 07/09/15 reveals well healed scars in the lumbar spine and right knee, decreased ROM in the cervical and lumbar spine, and decreased sensation over the ulnar distribution in the left hand, and decreased sensation in the right leg along the L3 dermatomal distribution. The patient is currently prescribed Oxycontin, Norco, Opana, Ambien, Antivert, Soma, Naproxen, and unspecified hypertension and thyroid medications. Diagnostic imaging included lumbosacral spine AP and lateral views dated 05/04/15, significant findings include: "Moderate diffuse disc space narrowing... prominent vertebral osteophytes are present at levels between T12 and L4... stable advanced multilevel degenerative changes of the lumbar spine." Per 07/09/15 progress note, patient is advised to remain off work through 08/31/15. The MTUS has the following regarding topical creams (p111, 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. 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. Other muscle relaxants: There is no evidence for use of any other muscle relaxants as a topical product." In regard to the topical compounded cream containing Cyclobenzaprine and Lidocaine, the requested cream contains ingredients which are not supported as topical agents. MTUS guidelines do not support the use of muscle relaxants such as Cyclobenzaprine in topical formulations. Lidocaine is only supported in patch form, not in cream form. Guidelines state that any compound which contains an unsupported ingredient is not indicated. Therefore, the request IS NOT medically necessary.