

<b>Case Number:</b>	CM15-0147635		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	01/11/2008
<b>Decision Date:</b>	09/08/2015	<b>UR Denial Date:</b>	07/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 53 year-old male who sustained an industrial injury on 01-11-08. Initial diagnoses and treatments are not available. Current diagnoses include cervical spine herniated disc, low back pain, left shoulder osteoarthritis, right shoulder rotator cuff tear, lumbar spine degenerative disc disease, and facet joint hypertrophy. Diagnostic testing and treatment to date has included right shoulder MRI, and symptomatic medication management. Currently, the injured worker complains of frequent to constant burning radicular neck pain and spasms, with pain rated as a 5-6 on a 10 point pain analog scale. The pain is radiating with numbness and tingling of the bilateral upper extremities. He has burning bilateral shoulder pain that radiates down the arm to the fingers with muscle spasms and weakness; pain is rated as a 6-7 out of 10 on the right, and 5-6 out of 10 on the left. He complains of burning, radicular low back pain and muscle spasms with pain rated as a 7 out of 10; the pain radiates down to the bilateral lower extremities with numbness and tingling. He has difficulty sleeping and is often awakened by the pain. In a progress note dated 05-22-15, the treating physician reports tenderness to palpation at the lumbar paraspinal muscles and lumbosacral junction with decreased range of motion. Straight leg raise test is positive bilaterally. Sensation is diminished over the L4, L5, and S1 dermatomes bilaterally. Requested treatments include cyclobenzaprine 5%, 100 grams; apply a thin layer to the affected area 3 times a day for muscle spasms. The injured worker is under temporary total disability. Date of Utilization Review: 07-01-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 5%, 100 grams, apply a thin layer to the affected area 3 times a day for muscle spasms:** Upheld

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

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

**Decision rationale:** According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Cyclobenzaprine is not approved for transdermal use. There is no proven efficacy of transdermal Cyclobenzaprine. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Therefore, the request of Cyclobenzaprine 5%, 100 grams is not medically necessary.