

<b>Case Number:</b>	CM15-0148638		
<b>Date Assigned:</b>	08/11/2015	<b>Date of Injury:</b>	02/01/2013
<b>Decision Date:</b>	09/08/2015	<b>UR Denial Date:</b>	06/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2015

### 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: Maryland

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

This 58 year old female sustained an industrial injury on 2-01-13. She subsequently reported neck, wrist and hand pain. Diagnoses include spondylolisthesis degenerative and traumatic arthropathy of shoulder. The injured worker continues to experience neck, bilateral wrist and hand pain. Upon examination of the neck, there was tenderness over the cervical spine. Movements of the neck are restricted. Spurling's maneuver is negative. The left wrist examination reveals tenderness to palpation over the anatomical snuffbox. Right hand inspection reveals swelling over the distal interphalangeal joint of the index finger. Range of motion is restricted. A request for Cyclobenzaprine 10% + Lidocaine 2% (unspecified quantity) 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% (unspecified quantity): 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): 111-113.

**Decision rationale:** Cyclobenzaprine 10% + Lidocaine 2% (unspecified quantity) is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that topical analgesics are largely experimental. The MTUS states that topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The MTUS does not support topical muscle relaxants. The documentation does not indicate extenuating reasons to go against guideline recommendations. The request additionally does not indicate a quantity. The guidelines additionally add that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The MTUS does not support topical Lidocaine in this case or topical Cyclobenzaprine therefore the entire request is not medically necessary.