

<b>Case Number:</b>	CM15-0193234		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	01/01/2014
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2015

### 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: New York, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 57 year old female who sustained an industrial injury on 1-1-2014. A review of medical records indicates the injured worker is being treated for low back pain radiating to the feet, neck pain radiating to the hands, mid back pain, right knee pain, right wrist pain radiating to the hand and fingers, right shoulder pain, pain in both feet and ankles, and generalized headaches. Medical records dated 6-23-2014 noted tenderness of the right thenar eminence, right hook of harnate and right hypothenar eminence. There was tenderness over the wrists with decreased range of motion on the right. There was tenderness over the shoulders. Range of motion was decreased to both shoulders. There was tenderness over the knees with decreased range of motion to the right. There was tenderness over the left foot and ankle with decreased range of motion. There was tenderness of the cervical spine, thoracic spine, and lumbar spine. Treatment has included chiropractic care, Naproxen, tramadol, and Ketoprofen-cyclobenzaprine-Lidocaine since at least 6-23-2014. Utilization review form dated 9-19-2015 noncertified Cyclobenzaprine-Lidocaine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Cyclobenzaprine/Lidocaine DOS 6/24/14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** Per the guidelines, topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no documentation of efficacy with regards to pain and functional status or a discussion of side effects specifically related to the topical analgesic. Regarding topical Cyclobenzaprine/Lidocaine in this injured worker, the records do not provide clinical evidence to support medical necessity.