

<b>Case Number:</b>	CM15-0193339		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	06/11/1991
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2015

### 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: Montana, Oregon, Idaho  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 76 year old female, who sustained an industrial injury on 6-11-1991. The injured worker is being treated for cervical spine radiculopathy and lumbar spine radiculopathy. Treatment to date has included medications and specialist consultations. Per the only medical report submitted, the Primary Treating Physician's Progress Report dated 9-01-2015, the injured worker reported lower back pain located in the tail bone and pelvic pain with burning to the rectum, vagina and buttocks. There was also an electrical sensation to the bilateral legs. She is seeing the urologist on a regular basis. Objective findings included tenderness to palpation of the coccyx. The notes from the provider do not document efficacy of the prescribed medications. Work status was not documented at this visit. The plan of care included continued use of wheeled walker, follow-up with urologist, laboratory evaluations and Norco and discontinuation of topical compounds. No reason is provided. Authorization was requested for Flurbiprofen-Baclofen-Lidocaine-Cyclobenzaprine 360gm. On 9-23-2015, Utilization Review non-certified the request for Flurbiprofen-Baclofen-Lidocaine-Cyclobenzaprine 360gm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective dos 8/21/15, Fluribiprofen-Gabapentin-Baclofen-Lidocaine0Cclobenzprine compound 360gm: 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): Muscle relaxants (for pain), Topical Analgesics.

**Decision rationale:** Per the CA MTUS regarding topical analgesics, Chronic Pain Medical Treatment Guidelines, Topical analgesics, page 111-112 "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Therefore the determination is for non-certification. According to the CA MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics, page 113. There is no evidence for use of any other muscle relaxant as a topical product. As the requested compound contains cyclobenzaprine, a muscle relaxant, the request is not medically necessary.