

<b>Case Number:</b>	CM15-0196707		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	02/09/2012
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	09/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2015

### 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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 58-year-old male, who sustained an industrial injury on 2-9-2012. Several documents included in the submitted medical records are difficult to decipher. The injured worker was being treated for right greater than left cervical myofascial pain flare-up, chronic cervical pain, paraesthesias, status post left shoulder arthroscopic surgery, chronic left shoulder pain, and a history of right shoulder pain. Medical records (2-12-2015 to 5-21-2015) indicate the injured worker reported ongoing left shoulder pain. The physical exam (2-12-2015 to 5-21-2015) reveals ongoing tenderness of the supraspinatus and anterior portion around the biceps of the left shoulder. There was increased left shoulder flexion and abduction. The left shoulder strength for abduction continued as 4 out of 5 and the right shoulder strength improved to 5 out of 5. Medical records (6-9-2015) indicate the injured worker reported ongoing left shoulder pain. The injured worker reported deep, achy neck pain, which was improved. The physical exam (6-9-2015) reveals ongoing tenderness of the right levator scapula and upper trapezius with decreased taut bands. There was normal neck range of motion, and normal bilateral upper extremity strength, except for right shoulder weakness. Per the treating physician (4-24-2015 report), x-rays of the left shoulder "did not show any no issue of hypertrophic changes." On 12-19-2014, x-rays of the right shoulder revealed stable mild to moderate hypertrophic degenerative changes of the acromioclavicular joint. On 12-19-2014, a CT of the cervical spine revealed mild anterior spurring and disc space narrowing at C5-6 (cervical 5-6). Treatment has included a home exercise program, a right shoulder steroid injection, an objective functional capacity evaluation, and medications including topical pain (Flexeril since at least 1-

2015), anti-epilepsy, nutritional supplement, proton pump inhibitor, and non-steroidal anti-inflammatory. Per the treating physician (6-9-2015 report), the injured worker had continued to work. The requested treatments included retrospective request for Cyclobenzaprine cream 30 gm (DOS 6-9-15). On 9-11-2015, the original utilization review non-certified a retrospective request for Cyclobenzaprine cream 30 gm (DOS 6-9-15).

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Retrospective request (DOS 6/9/15) for Cyclobenzaprine cream 30 gm QTY 1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** Regarding the request for topical cyclobenzaprine, Chronic Pain Medical Treatment Guidelines state that topical muscle relaxants are not recommended. They go on to state that there is no evidence for the use of any muscle relaxants as a topical product. Therefore, in the absence of guideline support for topical muscle relaxants, be currently requested Retrospective request (DOS 6/9/15) for Cyclobenzaprine cream 30 gm QTY 1.00 is not medically necessary.