

<b>Case Number:</b>	CM15-0206175		
<b>Date Assigned:</b>	10/27/2015	<b>Date of Injury:</b>	05/28/1996
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	09/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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

Certification(s)/Specialty: Family Practice

### 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 69 year old female, who sustained an industrial injury on 5-28-1996. The injured worker was diagnosed as having lumbar discopathy with disc displacement, status post lumbar fusion with revision of fusion, lumbar radiculopathy, and bilateral sacroiliac arthropathy. Treatment to date has included lumbar spinal surgery and medications. Currently, the injured worker complains of persistent and chronic low back pain, affecting her basic activities of daily living. She reported that pain radiated down both legs and was associated with numbness and tingling, especially the bottom of her feet. She reported that medications and compound creams were helpful in alleviating some of her symptoms. Medications included Fexmid (since at least 5-2015), Nalfon, Paxil, Prilosec, and Norco, Ultram, and Cyclobenzaprine 10%-Tramadol 10% compound cream (since at least 5-2015). Pain was rated 4-5 with medication use and 7-8 without (pain not rated on 5-31-2015). Exam of the lumbar spine noted tenderness to palpation over the lumbar paraspinal musculature, decreased range of motion, positive straight leg raising, tenderness over the bilateral sacroiliac joints, and positive FABERE. Motor strength was 5 of 5 and sensation was diminished in the bilateral S1 dermatomes. Objective findings were unchanged from 5-31-2015. Work status was permanent and stationary. She was to continue current medication regimen, noting addition of Lunesta. On 9-25-2015 Utilization Review non-certified a request for Fexmid 7.5mg #120 and 15gm and 60gm Cyclobenzaprine 10% Tramadol 10% topical cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fexmid (Cyclobenzaprine) 7.5 MG #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, there was record of her using cyclobenzaprine chronically leading up to this request for renewal. However, the only statement regarding benefit in the recent notes was "medications and compound creams are helpful in alleviated some of her symptoms." This vague report did not state how effective cyclobenzaprine was at reducing pain or improving function independent of the other medications used. Regardless, any muscle relaxant would be inappropriate to continue chronically for the stated diagnoses. Therefore, this request for cyclobenzaprine will be considered medically unnecessary.

**15gm and 60 gm Cyclobenzaprine 10% and Tramadol 10% topical cream: 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:** The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. The MTUS Chronic Pain Guidelines also state that topical muscle relaxants are specifically not recommended due to lack of supportive data with use in chronic pain. If any ingredient in a combination topical analgesic product is not recommended, it should be considered not recommended for use. In the case of this worker, there was a request for topical cyclobenzaprine/tramadol, which contained a non-recommended ingredient (cyclobenzaprine), and therefore, will be considered medically unnecessary.