

<b>Case Number:</b>	CM15-0024504		
<b>Date Assigned:</b>	02/17/2015	<b>Date of Injury:</b>	01/31/2002
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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, Michigan, California  
 Certification(s)/Specialty: Neurology, 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:

The injured worker is a 71 year old male, who sustained an industrial injury on 1/31/02. He has reported low back pain and abdominal pain. The diagnoses have included hernia and lumbar IVD disorder with myelopathy. Treatment to date has included hernia repair, physical therapy, oral medications and topical medications. Currently, the injured worker complains of low back and abdominal pain and numbness and tingling of left pelvic, left posterior leg, left posterior knee and left anterior knee pain. On physical exam dated 1/17/15 the injured worker noted the pain was better with pain medication and topical compound. Tenderness is noted on palpation of left lumbar, left sacroiliac and sacral areas. On 1/26/15 Utilization Review non-certified Flurbiprofen 20%, Cyclobenzaprine 4%, Lidocaine 5% 180gm, noting the clinical documentation did not provide a solid rationale for the components of this medication's utilization and Cyclobenzaprine 10mg #30 modified to #20, noting muscle relaxants are effective for short-term pain and muscle tension, modified certification is allowed for weaning purposes. The MTUS, ACOEM Guidelines, was cited. On 2/9/15, the injured worker submitted an application for IMR for review of Flurbiprofen 20%, Cyclobenzaprine 4%, Lidocaine 5% 180gm and Cyclobenzaprine 10mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flurbiprofen 20%, Cyclobenzaprine 4%, Lidocaine 5% 180gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no evidence that Flurbiprofen as well as the other component of the proposed topical analgesic are effective in chronic pain management. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Based on the above for Flurbiprofen 20%, Cyclobenzaprine 4%, Lidocaine 5% 180gm is not medically necessary.

**Cyclobenzaprine 10mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42, 67-68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Page(s): 63.

**Decision rationale:** According to MTUS guidelines, Flexeril, a non sedating muscle relaxants, is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. There is no recent documentation of pain and spasticity improvement. Therefore the request for authorization for Cyclobenzaprine 10mg #30 is not medically necessary.