

<b>Case Number:</b>	CM15-0029766		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	04/17/2014
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	01/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/17/2015

### 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 61 year old female, who sustained an industrial injury on 04/17/2014. She has reported subsequent neck and shoulder pain and was diagnosed with cervical spine disc bulge and right and left internal derangement of the shoulder. Treatment to date has included oral and topical pain medication and physiotherapy. In a progress note dated 01/15/2015, the injured worker complained of continued right shoulder pain. Objective physical examination findings were notable for tenderness of the acromioclavicular joint of the right shoulder. A request for authorization for renewal of Cyclobenzaprine was made. On 01/26/2015, Utilization Review non-certified a request for Cyclobenzaprine, noting that there was no evidence for the use of muscle relaxants as a topical product. MTUS and ACOEM guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**2 Cyclobenzaprine 10% cream: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications.

**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. There 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. Cyclobenzaprine is not recommended as a topical analgesic. Therefore, Cyclobenzaprine 10% cream is not medically necessary.