

<b>Case Number:</b>	CM15-0210545		
<b>Date Assigned:</b>	10/29/2015	<b>Date of Injury:</b>	01/27/2015
<b>Decision Date:</b>	12/10/2015	<b>UR Denial Date:</b>	10/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/26/2015

### 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

Certification(s)/Specialty: Emergency 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 42 year old male who sustained an industrial injury 01-27-15. A review of the medical records reveals the injured worker is undergoing treatment for lumbago, cervical and lumbar spine musculoligamentous sprain- strain, cervical and lumbar myospasm, right shoulder internal derangement, and arthralgia of the left shoulder, right knee and ankle. Medical records (08-25-15) reveal the injured worker complains of persistent neck pain with radiation to the bilateral shoulders, as well as low back pain radiating to the lower extremities, rated at 7/10. The physical exam (08-25-15) reveals spasms and tenderness as well as painful range of motion in the cervical and lumbar spines. Prior treatment includes acupuncture, physical therapy, and medications including naproxen, Prilosec, and cyclobenzaprine. The treating provider (08-25-15) reports the plan of care as a pain management consultation, and orthopedic consultation, referral to an internist, as well as acupuncture and unspecified transdermal compounds. The original utilization review (10-08-15) non-certified the request for cuclobenaprine2%-Flurbiprofen 25% topical compound. The documentation supports that his medication as prescribed on 05-08-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cycloben 2%/Flurbi 25% 180gm: 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 requested Cycloben 2%/Flurbi 25% 180gm is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants". The injured worker has persistent neck pain with radiation to the bilateral shoulders, as well as low back pain radiating to the lower extremities, rated at 7/10. The physical exam (08-25-15) reveals spasms and tenderness as well as painful range of motion in the cervical and lumbar spines. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Cycloben 2%/Flurbi 25% 180gm is not medically necessary.