

<b>Case Number:</b>	CM15-0035432		
<b>Date Assigned:</b>	03/03/2015	<b>Date of Injury:</b>	03/18/2008
<b>Decision Date:</b>	04/09/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 male who sustained an industrial related injury on 3/18/08. Physical examination findings included bilateral lower extremity motor and sensory neuropathy, bilateral nerve roots L4-S1 poly-radiculopathy with weakness, reduced sensation, right calf atrophy, sciatica, muscle spasm with limited range of motion, sleep impairment, and depression. Diagnoses included multi-level lumbar disc disorder with associated foraminal stenosis and central canal stenosis most notable at L5-S1 and chronic low back pain. Medications included Celebrex and Lyrica. The treating physician requested authorization for BCDL compound cream 240g to reduce muscle cramping and aching pain. On 1/27/15, the request was non-certified. The utilization review physician cited the Medical Treatment Utilization Schedule guidelines and noted there was no documentation of failed trials of antidepressant and anticonvulsant treatment. There is also no evidence that oral pain medications were insufficient to alleviate the pain symptoms. Therefore, the request was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BCDL compound cream, 240mg to reduce muscle cramping and aching pain:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

**Decision rationale:** MTUS and ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." BCDL compound cream contains cyclobenzaprine. MTUS states regarding topical muscle relaxants, "Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Topical cyclobenzaprine is not indicated for this usage, per MTUS. As such, the request for BCDL compound cream, 240mg to reduce muscle cramping and aching pain is not medically necessary.