

<b>Case Number:</b>	CM15-0036908		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	12/05/2013
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	01/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2015

### 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: Physical Medicine & Rehabilitation

### 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 43 year old female, who sustained an industrial injury on 12/5/13. The injured worker has complaints of headaches that feel like they are burning and radicular neck pain and muscle spasms and associated with numbness and tingling of the bilateral upper extremities. The diagnoses have included headaches; cervical spine sprain/strain; cervical disc displacement; cervical spine radiculopathy; bilateral shoulder internal derangement and sprain/strain; bilateral carpal tunnel syndrome; abdominal pain and sleep disorder. Treatment to date has included acupuncture; physical therapy; chiropractor; shockwave therapy and medications. According to the utilization review performed on 1/30/15, the requested Retro (DOS 11/25/14) Cyclobenzaprine/Flurbiprofen compound cream has been non-certified. California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines were used in the utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro (DOS 11/25/14) Cyclobenzaprine/Flurbiprofen compound cream: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Topical Analgesics, NSAIDs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

**Decision rationale:** The patient presents with headaches that feel like they are burning and radicular neck pain and muscle spasms and associated with numbness and tingling of the bilateral upper extremities. The request is for RETRO (DOS 11/25/14) CYCLOBENZAPRINE/FLURBIPROFEN COMPOUND CREAM. The RFA provided is dated 09/09/14. Patient's diagnosis included headaches; cervical spine sprain/strain; cervical disc displacement; cervical spine radiculopathy; bilateral shoulder internal derangement and sprain/strain; bilateral carpal tunnel syndrome; abdominal pain and sleep disorder. Patient is temporarily totally disabled. The MTUS has the following regarding topical creams (p111, chronic pain section): "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS further states "...Cyclobenzaprine is a muscle relaxant and is not supported for any topical formulation..." This review is for a compounded topical containing Flurbiprofen and Cyclobenzaprine. MTUS states Cyclobenzaprine is a muscle relaxant and is not supported for any topical formulation and thus not recommended. The whole compounded topical product is not recommended. The request IS NOT medically necessary.