

<b>Case Number:</b>	CM15-0047658		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	08/26/2014
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2015

### 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 45-year-old female, who sustained an industrial injury on August 26, 2014. The injured worker reported back and shoulder pain. The injured worker was diagnosed as having carpal tunnel syndrome, cervical radiculopathy, lumbar sprain and shoulder sprain. A progress note dated January 19, 2015 provides the injured worker complains of continued neck pain rated 6/10 and shoulder pain rated 6-7/10. The plan includes oral and topical medication and possible injections in the future.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine/Tramadol cream with 1 refill:** Upheld

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

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

**Decision rationale:** The patient presents with continued neck pain rated 6/10 and shoulder pain rated 6-7/10. The request is for Cyclobenzaprine/Tramadol cream with 1 refill. The provided

RFA is dated 01/22/15 and the date of injury is 08/26/14. The diagnoses per 01/19/15 report included carpal tunnel syndrome, cervical radiculopathy, lumbar sprain, shoulder sprain, neck sprain and lumbar sprain. Current medications include Cyclobenzaprine-Tramadol cream, Naproxen and Prilosec. The patient is working on modified duty, per 01/19/15 report. The MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Treater has not provided reason for the request. MTUS page 111 states that if one of the compounded topical products is not recommended, then the entire product is not. In this case, the requested topical compound contains requested compounded cream contain Gabapentin, Cyclobenzaprine, and Tramadol; which are not supported for topical use in lotion form per MTUS. Therefore, the request is not medically necessary.