

<b>Case Number:</b>	CM15-0050270		
<b>Date Assigned:</b>	03/23/2015	<b>Date of Injury:</b>	10/27/2009
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2015

### 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: 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 59 year old male who sustained an industrial injury on 10/27/2008. Current diagnoses include cervical spine sprain strain, lumbar spine sprain strain with sciatic neuritis, and lumbar spine disc herniation. Previous treatments included medication management, physical therapy, and acupuncture. Previous diagnostic studies included urine drug screenings, MRI of the lumbar spine, right shoulder, left shoulder, and cervical spine. Report dated 10/22/2014 noted that the injured worker presented with complaints that included lumbar spine pain, cervical spine pain, and lower extremity pain. Pain level was rated as 6 out of 10 in the lumbar and cervical spine, and 8 out of 10 in the lower extremity on the visual analog scale (VAS). Physical examination was positive for abnormal findings. The treatment plan included requests for functional capacity evaluation, topical x2, and MRI of the cervical spine, lumbar spine, and bilateral shoulder. Disputed treatment includes retrospective Flurbiprofen 25% Cyclobenzaprine 2% 240mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective: Flurbiprofen 25% Cyclobenzaprine 2% 240mg: 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." 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 Retrospective: Flurbiprofen 25% Cyclobenzaprine 2% 240mg is not medically necessary.