

<b>Case Number:</b>	CM15-0058070		
<b>Date Assigned:</b>	04/02/2015	<b>Date of Injury:</b>	09/07/2012
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 50 year old male, who sustained an industrial injury on 9/7/12. The diagnoses have included status post crush injury to the right hand and wrist, neuropathy, right carpal tunnel syndrome, chronic right wrist pain and adjustment disorder with mixed anxiety and depressed mood. Treatment to date has included medications, diagnostics, physical therapy, acupuncture, activity modifications and conservative measures. The Magnetic Resonance Imaging (MRI) of the right wrist was done on 5/18/13. The (NCV) Nerve Conduction Velocity studies and (EMG) electromyography of the upper extremities was done on 6/27/14. The current medications included Motrin, Omeprazole and topical cream Cyclobenzaprine/Tramadol Cream. Currently, as per the physician progress note dated 3/11/15, the injured worker complains of constant pain in the right wrist which was rated 3-4/10 on pain scale with constant tingling and numbness in the thumb and index finger and thenar eminence. There was also weakness of the right hand with radiation to the right shoulder with activities only. He also reports constant pain in the right shoulder rated 3-4/10 on pain scale with weakness noted. It was noted that he has completed physical therapy and acupuncture. The objective findings revealed positive impingement test and decreased range of motion. The physician requested treatment includes Cyclobenzaprine/Tramadol Cream for pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine/ Tramadol Cream: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 82-92.

**Decision rationale:** According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended Topical muscle relaxants such as Cyclobenzaprine and Tramadol are not recommended due to lack of evidence. In addition, the claimant continued to use oral NSAIDS. Since the compound above contains these topical medications, the compound in question is not medically necessary.