

<b>Case Number:</b>	CM15-0059992		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	07/18/2010
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	03/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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:

This 51 year old female sustained an industrial injury on 7/18/10. She subsequently reported knee pain. Diagnoses include lumbago, tendinitis. Treatments to date have included MRI, nerve conduction studies, a leg brace, knee surgery, and prescription pain medications. The injured worker continues to experience left knee pain. A request for Pharmacy Purchase of Cyclobenzaprine/Lidocaine/Mediderm Flurbiprofen #240 was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pharmacy Purchase of Cyclobenzaprine/Lidocaine/Mediderm Flurbiprofen #240:** Upheld

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

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

**Decision rationale:** The MTUS Guidelines strongly emphasize that any compound product that contains at least one drug or drug class that is not recommended is itself not recommended. The requested medication is a compound containing medications in the anesthetic, muscle relaxant,

and non-steroidal anti-inflammatory (NSAID) classes. The MTUS Guidelines recommend topical lidocaine for localized pain after first-line treatment has failed to manage it sufficiently. Only the dermal patch is FDA-approved and recommended by the Guidelines. The MTUS Guidelines recommend topical NSAIDs to treat pain due to osteoarthritis and tendonitis but not neuropathic pain. Use is restricted to several weeks because benefit decreases with time. It is specifically not recommended for use at the spine, hip, or shoulder areas. Diclofenac 1% is the medication and strength approved by the FDA. The Guidelines do not support the use of topical muscle relaxants. There was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for the pharmacy purchase of #240 of cyclobenzaprine, lidocaine, and mediderm flurbiprofen to create a compound cream is not medically necessary.