

<b>Case Number:</b>	CM15-0074049		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	08/30/2005
<b>Decision Date:</b>	08/06/2015	<b>UR Denial Date:</b>	04/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2015

### 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: 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:

This injured worker is a 44 year old male who reported an industrial injury on 8/30/2005. His diagnoses, and or impression, were noted to include: post-traumatic cephalgia; cervical radiculopathy; radicular neuropathic lumbar pain with lumbar radiculopathy. No current imaging studies were noted. His treatments were noted to include diagnostic studies; lumbar fusion (2006 & 2009), with hardware removal (3/2014); epidural steroid injection therapy - effective; medication management with toxicology screenings; and rest from work. The progress notes of 1/13/2015 reported a follow-up evaluation for complaints which included left temporal mandibular joint (TMJ) pain with clicking; neck pain/tingling into both arms; inter-scapular pain with L'Hermittes sign; fragmented sleep due to pain; weight gain; anxiety and depression; and decreased libido; all of which affect his activities of daily living. Objective findings were noted to include: that he was moderately overweight; occipital and cranio-cervical tenderness/spasms; left TMJ tenderness; a slight and painful limp; a mildly weak bilateral hand grip; a slightly weak left foot dorsiflexion; lumbar pain; and positive Tinel's in the bilateral wrists . The physician's requests for treatments were noted to include the continuation of Cyclobenzaprine cream and oral Cyclobenzaprine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Cyclobenzaprine 10%/ Gabapentin cream, Tramadol 20% cream, provided on date of service: 03/24/15: 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 rationale:** Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with spinal and multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded muscle relaxant, anti-epileptic and opioid over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. Guidelines do not recommend long-term use of this muscle relaxant and opioid for this chronic injury without improved functional outcomes attributable to their use. It is also unclear why the patient is being prescribed 2 concurrent muscle relaxants, posing an increase risk profile without demonstrated extenuating circumstances and indication. The Retrospective request for Cyclobenzaprine 10%/ Gabapentin cream, Tramadol 20% cream, provided on date of service: 03/24/15 is not medically necessary or appropriate.

**Retrospective request for Cyclobenzaprine 7.5mg, #60, provided on date of service: 03/24/15: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), non-sedating Muscle relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, pg 128.

**Decision rationale:** Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury of 2005. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant progressive deteriorating clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains unchanged. The Retrospective request for Cyclobenzaprine 7.5mg, #60, provided on date of service: 03/24/15 is not medically necessary or appropriate.