

<b>Case Number:</b>	CM15-0082935		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	02/15/2011
<b>Decision Date:</b>	06/03/2015	<b>UR Denial Date:</b>	03/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 49 year old female, who sustained an industrial injury on February 15, 2011, incurring low back and hip injuries after a lifting injury. She was diagnosed with a lumbar sprain with bilateral sciatica and a right hip strain. Magnetic Resonance Imaging revealed a multiple disc bulges and Electromyography studies were unremarkable. Magnetic Resonance Imaging of the right hip revealed degeneration. Treatment included topical analgesic creams, anti-inflammatory drugs, acupuncture, exercises, and physical therapy. The injured worker returned to modified work duty on March 20, 2015 with work restrictions. Currently, the injured worker complained of persistent back pain radiating into the right lower extremity. The treatment plan that was requested for authorization included a prescription for Cyclobenzaprine/Tramadol cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclo/Tramadol Cream (unspecified dosage/qty): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, (2) Topical Analgesics Page(s): 60, 111-113.

**Decision rationale:** The claimant is more than four years status post work-related injury and continues to be treated for back and radiating leg pain. When seen, she was having intermittent left lower extremity symptoms. She was having occasional numbness and tingling. She had occasional right lower extremity weakness. Physical examination findings included decreased lumbar spine range of motion with positive left straight leg raise. Pain was rated at 3-8/10. Cyclobenzaprine is a muscle relaxant and there is no evidence for the use of any muscle relaxant as a topical product and guidelines indicate that there is little to no research to support the use of compounded topical Tramadol. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it is not possible to determine whether any derived benefit is due to a particular component. Guidelines also recommend that when prescribing medications only one medication should be given at a time. Therefore, this topical medication was not medically necessary.