

<b>Case Number:</b>	CM14-0147947		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	11/21/2006
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	08/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 records presented for review indicate that this 63-year-old gentleman was reportedly injured on November 21, 2006. The most recent progress note, dated July 1, 2014, indicates that there are ongoing complaints of low back pain radiating to the bilateral lower extremities. There was also a complaint of abdominal hernia pain and there is a pending evaluation with a general surgeon. Pain is stated to be somewhat controlled with current medications. The physical examination demonstrated findings of a left inguinal hernia. There was tenderness along the lumbar paraspinal muscles and decreased lumbar spine range of motion. There was a positive sitting root test and intact sensation of the lower extremities. Diagnostic imaging studies are unknown. Previous treatment includes oral medications a request had been made for gabapentin/lidocaine/tramadol and was not certified in the pre-authorization process on August 25, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 2% Tramadol 10% Flurbiprofen 20% 180gm: 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 Page(s): 111-112.

**Decision rationale:** According to the California Chronic Pain Medical Treatment Guidelines the only topical analgesic medications indicated for usage include anti-inflammatories, lidocaine, and capsaicin. There is no known efficacy of any other topical agents. Per the MTUS, when one component of a product is not necessary the entire product is not medically necessary. Considering this, the request for a compound of cyclobenzaprine/tramadol/flurbiprofen is not medically necessary.