

<b>Case Number:</b>	CM14-0082750		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	08/27/2011
<b>Decision Date:</b>	05/28/2015	<b>UR Denial Date:</b>	05/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2014

### 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. 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:

This 54 year old male sustained an industrial injury to the neck, low back and shoulder on 8/27/11. Previous treatment included magnetic resonance imaging, electromyography, physical therapy, chiropractic therapy, acupuncture and medications. In a PR-2 dated 4/29/14, the injured worker complained of cervical spine pain with radiation to bilateral upper extremity associated with weakness, left shoulder pain and lumbar spine pain with radiation to the right lower extremity associated with numbness, tingling and weakness. The injured worker rated his pain 5-6/10 on the visual analog scale. The injured worker reported only taking medications once a day at nighttime with moderate overnight benefit. Current diagnoses included lumbar spine pain with central stenosis and right lower extremity radiculitis, cervical spine pain, myofasciitis, bilateral upper extremity radiculitis, left shoulder impingement syndrome, hypertension and diabetes mellitus. The treatment plan included continuing medications (Cyclobenzaprine, Motrin, Motrin cream, Cyclobenzaprine cream and topical compound Cyclo/Keto/Lido/Ultram), discontinuing other medications from the primary care provider and requesting a lumber spine orthosis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Topical Compound Cyclo/Keto/Lido/Ultram 240gm with 5 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113.

**Decision rationale:** The claimant is nearly 4 years status post work-related injury and continues to be treated for left shoulder and radiating neck and low back pain. When seen, medications also included oral Motrin. 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 is not medically necessary.

**Motrin Cream 240gm #1 with 5 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113.

**Decision rationale:** The claimant is nearly 4 years status post work-related injury and continues to be treated for left shoulder and radiating neck and low back pain. When seen, medications also included oral Motrin. Topical medications can be considered as an option in patients who have not responded or are intolerant to other treatments. In this case, the claimant's medications include the oral non-steroidal anti-inflammatory medication Motrin without report of adverse effect. Therefore, the requested topical Motrin is not medically necessary.

**Cyclobenzaprine Cream 240gm #1 with 5 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, topical.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113.

**Decision rationale:** The claimant is nearly 4 years status post work-related injury and continues to be treated for left shoulder and radiating neck and low back pain. When seen, medications also included oral Motrin. Cyclobenzaprine is a muscle relaxant and there is no evidence for the use of any muscle relaxant as a topical product. Therefore, this medication is not medically necessary.