

<b>Case Number:</b>	CM15-0007745		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	09/08/1988
<b>Decision Date:</b>	05/29/2015	<b>UR Denial Date:</b>	12/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2015

### 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, Arizona  
 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:

The injured worker is a 64-year-old male who reported an injury on 09/08/1998. The mechanism of injury was not specifically stated. The current diagnoses include cervical discopathy with disc displacement, lumbar discopathy with disc displacement, cervical radiculopathy, lumbar radiculopathy, and right shoulder rotator cuff syndrome. The injured worker presented on 12/08/2014 with complaints of cervical spine pain radiating into the bilateral upper extremities, as well as low back pain radiating into the bilateral lower extremities. The current medication regimen includes cyclobenzaprine 7.5 mg, Paxil 20 mg, Prilosec 20 mg, Ultram ER 150 mg, and a topical cream containing cyclobenzaprine and tramadol. Upon examination of the cervical spine, there was tenderness to palpation with decreased range of motion and stiffness with a positive Spurling's maneuver. Examination of the lumbar spine revealed positive tenderness in the paraspinal musculature with decreased range of motion and positive straight leg raise at 20 degrees in the bilateral lower extremities. Motor strength was 5/5 in the upper and lower extremities. Sensation was demonstrated to light touch and pinprick in the bilateral C5-6 and bilateral L5-S1 dermatomal distributions. Recommendations included continuation of the current medication regimen. A Request for Authorization form was then submitted on 12/08/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 10%/Tramadol 10% Topical Cream:** Upheld

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

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

**Decision rationale:** California MTUS Guidelines state any compounded product that contains at least 1 drug that is not recommended is not recommended as a whole. Muscle relaxants are not recommended for topical use. There is also no frequency or quantity listed in the request. Given the above, the request is not medically appropriate.