

<b>Case Number:</b>	CM15-0119483		
<b>Date Assigned:</b>	07/06/2015	<b>Date of Injury:</b>	08/03/2009
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	05/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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, 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 49 year old male sustained an industrial injury on 8/03/09. He subsequently reported back pain. Diagnoses include status post lumbar decompression. Treatments to date include MRI testing, spine surgery and prescription pain medications. The injured worker continues to experience low back, cervical and bilateral shoulder pain. Upon examination, there is tenderness to the lumbar spine. The incision is well healed. Lumbar range of motion is markedly limited with pain. A request for Ketoprofen 10%; Gabapentin 6%; Bupivacaine HCL 5%; Baclofen 2%; Cyclobenzaprine HCL 2%; Clonidine HCL 0.2%; Sodium Hyaluronate 0.2% 300gm apply 1-2 pumps to affected area 3-4 times per day and 3 refills was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketoprofen 10%; Gabapentin 6%; Bupivacaine HCL 5%; Baclofen 2%; Cyclobenzaprine HCL 2%; Clonidine HCL 0.2%; Sodium Hyaluronate 0.2% 300gm apply 1-2 pumps to affected area 3-4 times per day and 3 refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** Regarding the request for topical Ketoprofen 10%; Gabapentin 6%; Bupivacaine HCL 5%; Baclofen 2%; Cyclobenzaprine HCL 2%; Clonidine HCL 0.2%; Sodium Hyaluronate 0.2%, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Regarding topical cyclobenzaprine, Chronic Pain Medical Treatment Guidelines state that topical muscle relaxants are not recommended. They go on to state that there is no evidence for the use of any muscle relaxants as a topical product. Therefore, in the absence of guideline support for topical muscle relaxants, the currently requested compound cream containing cyclobenzaprine is not medically necessary.