

<b>Case Number:</b>	CM15-0120490		
<b>Date Assigned:</b>	07/07/2015	<b>Date of Injury:</b>	01/05/2014
<b>Decision Date:</b>	08/04/2015	<b>UR Denial Date:</b>	06/17/2015
<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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 49-year-old who has filed a claim for chronic low back, knee, neck, shoulder, ankle, and wrist pain reportedly associated with an industrial injury of January 5, 2014. In a Utilization Review report dated June 16, 2015, the claims administrator failed to approve a request for a topical compounded agent. The claims administrator referenced a May 6, 2015 office visit and associated RFA form of the same date in its determination. The applicant's attorney subsequently appealed. On a December 3, 2014 RFA form, several topical compounded medications were endorsed, without much supporting rationale or progress notes. On May 6, 2015, the applicant was placed off of work, on total temporary disability, owing to multifocal complaints of neck, low back, and knee pain with derivative complaints of anxiety, psychological stress, and insomnia. A cane, functional capacity evaluation, platelet-rich plasma injections, and multiple topical compounds and oral suspensions were endorsed while the applicant was kept off of work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 5 Percent Cream #110 Grams:** Upheld

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

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

**Decision rationale:** No, the request for a cyclobenzaprine-containing topical compound is not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as cyclobenzaprine, the primary ingredient in the compound, are not recommended for topical compound formulation purposes. Since one or more ingredients in the compound are not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.