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| <b>Case Number:</b>   | CM15-0121056 |                              |            |
| <b>Date Assigned:</b> | 07/01/2015   | <b>Date of Injury:</b>       | 12/09/2013 |
| <b>Decision Date:</b> | 07/30/2015   | <b>UR Denial Date:</b>       | 05/20/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/23/2015 |

### 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

### 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 41-year-old male, who sustained an industrial injury on 12/9/2013. He reported back pain due to lifting. The injured worker was diagnosed as having lumbar sprain/strain, lumbar paraspinal muscle spasms, lumbar disc herniation, lumbar radiculitis/radiculopathy and sacroiliitis of the bilateral sacroiliac joints. There is no record of a recent diagnostic study. Treatment to date has included epidural steroid injection, physical therapy, chiropractic care, acupuncture, sacroiliac joint injections and medication management. In a progress note dated 5/11/2015, the injured worker complains of bilateral sacroiliac joint issues and decreased range of motion. Physical examination showed limited lumbar range of motion that is worse than prior exams, lumbar tenderness and symptoms of bilateral lower extremity radiculopathy. The treating physician is requesting Cyclobenzaprine 10 %/Tramadol 10% in ultraderm base.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 10%/Tramadol 10% in ultraderm base:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Compound medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pages 111-113.

**Decision rationale:** Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with spinal and multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded muscle relaxant and opioid over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. Guidelines do not recommend long-term use of this muscle relaxant and opioid for this chronic injury without improved functional outcomes attributable to their use. The Cyclobenzaprine 10%/Tramadol 10% in ultraderm base is not medically necessary and appropriate.