

<b>Case Number:</b>	CM15-0027448		
<b>Date Assigned:</b>	02/19/2015	<b>Date of Injury:</b>	09/25/2013
<b>Decision Date:</b>	06/19/2015	<b>UR Denial Date:</b>	01/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 injured worker is a 54 year old male, who sustained an industrial injury on September 25, 2013. He reported lower back pain. The injured worker was diagnosed as having lumbar spine sprain/strain and bilateral sciatica. Diagnostic studies to date have included x-rays and MRI. Treatment to date has included chiropractic therapy, a functional capacity evaluation, work modifications, and medications including pain, muscle relaxant, and non-steroidal anti-inflammatory. On January 15, 2015, the injured worker complains of frequent lumbar spine pain, which increases with movement. There is radicular pain of the bilateral lower extremities to the feet with numbness and tingling of the legs. His pain is rated 8/10. Significant relief was not provided by chiropractic therapy. Lumbar epidural steroid injections were ineffective. He moves stiffly and protectively. The physical exam revealed tenderness of the lumbosacral spine, normal strength and intact sensation of the bilateral lower extremities, positive bilateral straight leg raise, and decreased range of motion of the lumbar spine. The treatment plan includes Cyclobenzaprine/Tramadol Cream and Toprophan.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine/Tramadol cream with 1 refill (2x a day): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, cyclobenzaprine/tramadol cream applied b.i.d. with one refill is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic pain. Topical cyclobenzaprine is not recommended. In this case, the injured worker's working diagnoses are lumbosacral spine sprain/strain; bilateral sciatica; gastritis, ED and sleep disorder. The treating provider prescribed Norco 5/325 mg and Flexeril 10 mg. The treating provider requested the topical analgesic containing cyclobenzaprine/tramadol cream. The instructions state b.i.d. However, the anatomical region to apply the creams is not included in the directions. Additionally, topical cyclobenzaprine is not recommended. Any compounded product that contains at least one drug (topical cyclobenzaprine) that is not recommended is not recommended. There is no documentation of failed first line treatment with antidepressants or anticonvulsants. Based on the clinical information in the medical record and peer-reviewed evidence-based guidelines, cyclobenzaprine/tramadol cream applied b.i.d. with one refill is not medically necessary.

**Toprophan #30 with 1 refill (at bedtime):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain (updated 01/19/15) Medical Food.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Medical foods.

**Decision rationale:** Pursuant to the Official Disability Guidelines, Toprophan #30 (at bedtime) with one refill is not medically necessary. Medical foods are not recommended for chronic pain. Medical foods have not been shown to produce meaningful benefits or improvements in functional outcomes. See the guidelines for additional details. In this case, the injured worker's working diagnoses are lumbosacral spine sprain/strain; bilateral sciatica; gastritis, ED and sleep disorder. Medical foods are not recommended for chronic pain. Toprophan is a medical food. Consequently, absent guideline recommendations for medical foods, Toprophan #30 (at bedtime) with one refill is not medically necessary.