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| <b>Case Number:</b>   | CM15-0033791 |                              |            |
| <b>Date Assigned:</b> | 02/27/2015   | <b>Date of Injury:</b>       | 06/11/2014 |
| <b>Decision Date:</b> | 06/23/2015   | <b>UR Denial Date:</b>       | 02/12/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/23/2015 |

### 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: Family Practice

### 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 49 year old male, who sustained an industrial injury on 6/11/14. He reported low back pain. The injured worker was diagnosed as having multilevel lumbar spine degenerative disc disease, lumbar spine radiculopathy with right sided impingement at L4-S1, and lumbar spine multilevel disc protrusions. Treatment to date has included heat application, use of an inversion table, stretching, and medication including Norco, Flexeril, and Naproxen. Currently, the injured worker complains of low back pain that radiated to the right buttock and down the right leg to the right calf. The treating physician requested authorization for Cyclobenzaprine-Tramadol cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine-Tramadol Cream:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 110-112.

**Decision rationale:** According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines state that there is little to no research to support the use of many these agents. Specifically, the MTUS guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Muscle relaxants such as Cyclobenzaprine are not supported in a topical formulation. The request for Cyclobenzaprine-Tramadol Cream is not medically necessary and appropriate.