

<b>Case Number:</b>	CM15-0046604		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	01/30/2014
<b>Decision Date:</b>	06/01/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2015

### 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, Florida

Certification(s)/Specialty: Anesthesiology, 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:

The injured worker is a 55 year old male, who sustained an industrial injury on 1/30/14. He reported initial complaints of head, neck and ears. The injured worker was diagnosed as having headaches, ear pain, hearing loss, cervical sprain strain; cervical radiculopathy. Treatment to date has included medications, TENS, PT and Shockwave therapy. Diagnostics included a MRI cervical spine (1/6/15). Currently, the PR-2 notes dated 1/22/15 indicated the injured worker complains of sharp, throbbing headaches localized at the base of the skull and in the temporal region. His pain is described as constant, moderate to severe. The injured worker rates this pain as 6-7/10 on a pain scale. He also complains of both ears with hearing loss. The injured worker complains of sharp, stabbing, radicular neck pain and muscle spasms. He describes it as constant, moderate to severe with pain levels at 8/10. The pain is aggravated by looking up, looking down and side to side as well as by repetitive motion of the head and neck. It is also associated with numbness and tingling of the bilateral extremities. All of his symptoms are persistent but the medications do offer him temporary relief and improve his ability to have a restful sleep. Physical and neurological examinations are documented as well as a treatment plan. The treatment plan included Cyclobenzaprine 5% cream 110 gm thin layer TID. The medications listed are Ketoprofen cream, Synapryn, Tabradol, Deprizine, Dicopamal, Fanatrex, Terocin patch and cyclobenzaprine cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 5% cream 110 gm thin layer TID:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 41-42, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Muscle Relaxants, Topical Analgesics.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that topical analgesic products can be utilized for the treatment of neuropathic pain when treatment with first line anticonvulsant and antidepressant medications have failed. The recommended second line medication is topical lidocaine in the form of Lidoderm. The subjective and objective findings are not consistent with a diagnosis of localized neuropathic pain. There is lack of guidelines or FDA support for the use of topical formulations of muscle relaxants. The criteria for the use of cyclobenzaprine cream 5% 110gm apply TID was not met. Therefore the request is not medically necessary.