

<b>Case Number:</b>	CM15-0076501		
<b>Date Assigned:</b>	04/28/2015	<b>Date of Injury:</b>	01/05/2014
<b>Decision Date:</b>	05/28/2015	<b>UR Denial Date:</b>	04/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2015

### 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: New York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency 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 45-year-old female, who sustained an industrial injury on 1/5/2014. The current diagnoses are cervical spine degenerative disc disease, stenosis, and right upper extremity radiculitis, thoracic spine degenerative disc disease, disc herniation, and spinal canal stenosis, lumbar spine degenerative disc disease herniated nucleus pulposus with facet degeneration, and bilateral lower extremity radiculitis. According to the progress report dated 3/16/2015, the injured worker complains of cervical/lumbar spine pain. The cervical spine pain is rated 7/10 and the lumbar spine 6/10. Medications prescribed this visit were Prilosec, Ibuprofen, and Cyclo-Tramadol cream. Per notes, meds are helpful with pain but are causing gastrointestinal upset. Treatment to date has included medication management and MRI studies. The plan of care includes prescription for topical compound cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective; Cyclobenzaprine 10%/Tramadol Power 10%/Ultraderm base 60 gms, DOS: 03/17/15: 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.

**Decision rationale:** Guidelines note that topical analgesics are recommended as an option in certain circumstances. They are largely experimental and primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The reports provided do not indicate failed trials of first line recommendations. Guidelines do not support cyclobenzaprine and tramadol for topical application as there is little to no evidence proving safety and efficacy. The request for cyclobenzaprine 10%/Tramadol Powder 10%/Ultraderm Base 60 gms is not medically appropriate and necessary.