

<b>Case Number:</b>	CM15-0076852		
<b>Date Assigned:</b>	04/28/2015	<b>Date of Injury:</b>	01/28/2011
<b>Decision Date:</b>	05/28/2015	<b>UR Denial Date:</b>	04/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2015

### 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

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### 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 52 year old female, who sustained an industrial injury on January 28, 2011. The injured worker was diagnosed as having adhesive capsulitis of shoulder, shoulder rotator cuff syndrome, lumbago, low back pain and neck pain. Treatment and diagnostic studies to date have included surgery, therapy and medication. A progress note dated March 10, 2015 the injured worker complains of neck, shoulder and back pain. She reports sleep disturbance. Physical exam notes tenderness on palpation with decreased range of motion (ROM) of neck, shoulders and back with antalgic gait. The plan includes continuing medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Baclofen 2%, Cyclobenzaprine 2%, Diclofenac 15%, Lidocaine 5% 120gm QTY: 1.00:**  
Upheld

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

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

**Decision rationale:** The patient is a 52 year old female with an injury on 01/28. On 03/10/2015 she had neck, shoulder and back pain. MTUS, chronic pain guidelines for topical analgesics note that if an active ingredient is not recommended than the entire compound topical analgesic medication is not recommended. The requested compound topical analgesic contains 2% Cyclobenzaprine which is not recommended; thus the requested compound topical analgesic medication is not medically necessary.