

<b>Case Number:</b>	CM15-0098898		
<b>Date Assigned:</b>	06/01/2015	<b>Date of Injury:</b>	03/30/2009
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	05/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 36-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of March 30, 2009. In a Utilization Review report dated May 11, 2015, the claims administrator failed to approve a request for a cyclobenzaprine-containing topical compound. The claims administrator referenced a January 29, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On January 29, 2015, the applicant reported ongoing complaints of neck, mid back, and low back pain. The applicant was using tramadol, Naprosyn, LidoPro, and Prilosec, it was reported. Several of the same were renewed, as were the applicant's permanent work restrictions. It was not clearly stated whether the applicant was or was not working with said limitations in place. The topical compounded agent in question was not explicitly discussed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 5 Percent 30 Gram:** 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 Page(s): 111-113.

**Decision rationale:** No, the topical compounded cyclobenzaprine-containing compound was not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as cyclobenzaprine are not recommended for topical compound formulation purposes. Since one or more ingredients in the compound are not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the applicant's ongoing usage of numerous first-line oral pharmaceuticals, including tramadol, Naprosyn, etc., effectively obviated the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems "largely experimental" agents such as the compound in question. Therefore, the request was not medically necessary.