

<b>Case Number:</b>	CM14-0142882		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	05/29/2010
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	08/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in Utah. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 39 year-old male. The patient's date of injury is 5/29/2010. The mechanism of injury is described in the clinical documents. The patient has been diagnosed with status post Lumbar decompression, Neck Pain, and cervical spondylosis. The patient's treatments have included surgical intervention, imaging studies, and medications. The physical exam findings, dated 1/28/2014 show the patient with a normal gait. There is no foot drop. There is restricted range of motion noted in the lumbar region. There is tenderness to palpation in the lumbosacral junction. The sensory and motor exam is stated as intact in the lower extremities. The cervical exam is noted as restricted range of motion. There is also tenderness to palpation in the cervical neck. Spurling test is negative. The patient's medications have included, but are not limited to, Naproxen, Prilosec, Tramadol, and Norco. The request is for Cyclobenzaprine Ointment. It does not appear that the patient has been on this medication previously.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine Ointment:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Creams Page(s): Page 112.

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

**Decision rationale:** MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Cyclobenzaprine Ointment. MTUS guidelines state the following: There is no indication for other topical muscles relaxants, other than Baclofen. According to the clinical documentation provided and current MTUS guidelines; Cyclobenzaprine Ointment is not medically necessary and appropriate.