

<b>Case Number:</b>	CM14-0144233		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	07/31/2013
<b>Decision Date:</b>	09/10/2015	<b>UR Denial Date:</b>	08/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2014

### 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. 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 represented [REDACTED] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of July 31, 2013. In a Utilization Review report dated August 11, 2014, the claims administrator failed to approve requests for cyclobenzaprine, a ketoprofen-containing cream, and Tabradol. The claims administrator referenced a June 2, 2014 progress note in its determination. The applicant's attorney subsequently appealed. On March 3, 2014, the applicant was given various topical compounded agents, including ketoprofen-containing compound, a cyclophene compound and a wrist brace. Preprinted checkboxes were employed. The applicant was placed off of work, on total temporary disability. An orthopedic surgical consultation and a pain management consultation were also sought. Topical compounds and oral suspensions were continued and renewed through 2014, seemingly without much in the way of supporting rationale or supporting commentary. On February 3, 2014, the applicant reported multifocal complaints of neck, shoulder, and wrist pain exacerbated by carpal tunnel release surgery. Once again, the applicant was placed off of work, on total temporary disability, while various agents, including a ketoprofen-containing compound were endorsed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

**Decision rationale:** No, the request for cyclobenzaprine was not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant was in fact using a variety of other agents including a variety of topical compounds and oral suspensions which were/are also at issue. Addition of cyclobenzaprine or Flexeril to the mix was not recommended. It is further noted that the renewal request for cyclobenzaprine represents treatment in excess of the brief course of treatment for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

**Ketoprofen Cream:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non FDA-approved agents: Ketoprofen Page(s): 112.

**Decision rationale:** Similarly, the request for a topical ketoprofen-containing cream was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, ketoprofen is not FDA approved for topical application purposes. Here, the attending provider failed to furnish a clear or compelling rationale for selection of this particular agent in the face of the unfavorable FDA and MTUS positions of the same. Therefore, the request was not medically necessary.

**Tabradol:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 113. Decision based on Non-MTUS Citation TABRADOL - DailyMed [dailymed.nlm.nih.gov/dailymed/archives/fdaDrugInfo.cfm?archiveid...TABRADOL](http://dailymed.nlm.nih.gov/dailymed/archives/fdaDrugInfo.cfm?archiveid...TABRADOL). (cyclobenzaprine hydrochloride 1 mg/mL, in oral suspension with MSM - compounding kit).

**Decision rationale:** Finally, the request for Tabradol was likewise not medically necessary, medically appropriate, or indicated here. Tabradol, per the National Library of Medicine (NLM), is an amalgam of cyclobenzaprine and MSM. However, page 113 of the MTUS Chronic Pain

Medical Treatment Guidelines states that muscle relaxants such as cyclobenzaprine are not recommended for topical compound formulation purposes. Since one or more ingredients in the compound were not recommended, the entire compound was not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.