

Case Number:	CM13-0042185		
Date Assigned:	12/27/2013	Date of Injury:	09/14/2011
Decision Date:	04/21/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/18/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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:

This is a female patient with the date of injury of September 14, 2011. A utilization review determination dated October 11, 2013 recommends non-certification of Cyclobenzaprine 10% plus Gabapentin 10% cream x6 months. The previous reviewing physician recommended non-certification of Cyclobenzaprine 10% plus Gabapentin 10% cream x6 months due to lack of documentation of intolerance to oral medications or a history of gastritis, evidence for use of any other muscle relaxant as a topical product, and gabapentin not recommended as a topical. A Primary Treating Physician Report dated August 30, 2013 identifies Chief Complaint of pain in the left shoulder posteriorly that radiates up to her neck on the left side. Objective findings identify slight to moderate distress secondary to left shoulder pain. Neck is supple to palpation with tenderness along the levator scapula muscle on the left side. Patient also has tenderness at the trigger points at the cervical paraspinal region. Moderate tenderness to palpation of the rhomboid muscle on the left side. Assessment identifies status post left shoulder repair, myofascial neck and back pain, and hypertension. Plan identifies to assist with pain, the patient will use gabapentin 100 mg p.o. t.i.d. and cyclobenzaprine 10% plus gabapentin 10% cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE 10% PLUS GABAPENTIN 10% CREAM X 6 MONTHS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20-9792.26 Page(s): 111-113 OF 127.

Decision rationale: Regarding request for Cyclobenzaprine 10% plus Gabapentin 10% cream x 6 months, Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug or drug class that is not recommended, is not recommended. The Guidelines also state that topical muscle relaxants are not recommended. There is no evidence for the use of any muscle relaxants as a topical product. Additionally, Chronic Pain Medical Treatment Guidelines state Gabapentin is not recommended as a topical medication. There is no peer-reviewed literature to support use. As such, the currently requested Cyclobenzaprine 10% plus Gabapentin 10% cream x 6 months is not medically necessary.