

<b>Case Number:</b>	CM13-0060871		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	05/29/2012
<b>Decision Date:</b>	04/11/2014	<b>UR Denial Date:</b>	11/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2013

### 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 Medicine 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:

The patient is a 29-year-old male who was injured on May 31, 2012 while lifting a fountain base simultaneously onto a dolly when he noticed immediate pain in his low back. A couple of days later, he began to experience bilateral leg symptoms. Over the next few weeks, he began to experience neck pain, left elbow pain, and bilateral wrist pain. Prior treatment history has included lumbar epidural injection, 10 visits of chiropractic treatment, 24 visits of acupuncture, and pain management. An MRI of the cervical spine performed on February 12, 2013 revealed minimal retrolisthesis is seen at C4-5, C5-6, and C6-7; canal stenosis including C5-6 mild; neural foraminal narrowing including C6-7. An MRI of the lumbar spine performed on April 22, 2013 revealed mild canal and mild to moderate bilateral foraminal stenosis at L5-S1, mild canal and bilateral foraminal stenosis at L3-4 and L4-5. Electrodiagnostic consultation on December 12, 2012 showed no evidence of cervical or lumbar radiculopathy. A comprehensive drug/urine analysis collected on September 18, 2013 reported Analyte was detected but no corresponding medication reported for Morphine and THC (Marijuana metabolite). A pain management consultation dated September 18, 2013 documented that the patient had complaints of chronic neck, mid, and lower back pain. He has tried multiple medications without relief, including Robaxin and Zanaflex. He was taking Flexeril and Elavil for pain relief with benefit without side effects. There was tenderness to palpation over the lumbar and cervical spine as well as over the thoracic spine. There was decreased range of motion in the cervical and lumbar spine as well as positive facet loading of the lumbar spine. The patient's treatment plan indicated that the patient received a refill of Flexeril 7.5mg, Elavil 10mg, and he received a trial of topical capsaicin cream. The patient stated that the Flexeril does help with pain and muscle spasm and the Elavil does help decrease his pain. A comprehensive history form dated October 04, 2013 documented that the patient had complaints of increased stiffness and aching in the back and neck, both wrists

and arms/shoulder with drop in temperature. He also complains of stomach pain and lack of sleep. He states that he has a loss of energy, headaches and an increase in back spasms at night. The primary treating physician's progress report (PR-2) dated October 14, 2013 documented that the patient had complaints of left elbow, bilateral wrist and hand, and right shoulder symptoms.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**CYCLOBENZAPRINE 7.5MG, #60,:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril®®, Amrix®®, Fexmidâ¿ç, generic available.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 64.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects. However, it is only recommended for a short course of therapy, not to be used for longer than 2-3 weeks. Further, the greatest effect appears to be in the first 4 days of treatment. Therefore, the request is not medically necessary.

**COMPOUNDED TOPICAL CAPSAICIN AND CYCLOBENZAPRINE CREAM:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical compounded creams.

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

**Decision rationale:** According to the California MTUS guidelines, there is little to no research to support the use of many topical analgesic agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested topical analgesic contains capsaicin and cyclobenzaprine. According to guidelines, cyclobenzaprine does not have evidence for use in a topical formula. Therefore, the requested topical analgesic does not meet the required criteria and is not medically necessary.