

Case Number:	CM13-0067638		
Date Assigned:	01/03/2014	Date of Injury:	07/14/2009
Decision Date:	04/21/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/18/2013

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 Sports Medicine and is licensed to practice in Texas. 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 67-year-old female who reported an injury on 07/14/2009. The mechanism of injury was not stated. The patient is currently diagnosed with a wrist sprain. A Request for Authorization was submitted on 11/21/2013 for a compounded cyclobenzaprine medication. However, there are no physician progress reports submitted on the requesting date. The latest physician record is documented on 08/22/2013 by [REDACTED]. The patient reported persistent pain in bilateral upper extremities. Physical examination revealed limited range of motion. Treatment recommendations included continuation of current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine HCL 100% QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Muscle relaxants are not recommended as there is no evidence for the use of a muscle relaxant as

a topical product. There was no physician progress reports submitted on the requesting date. Therefore, the medical rationale for the requested medication was not provided. As guidelines do not recommend the use of cyclobenzaprine as a topical product, the current request cannot be determined as medically appropriate. As such, the request is non-certified.