MAXIMUS Federal Services

Case Number:	CM14-0114614		
Date Assigned:	08/04/2014	Date of Injury:	06/07/1999
Decision Date:	09/17/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/22/2014

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 Anesthesiologist, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 46-year-old male who reported an injury on 06/07/1999. The mechanism of injury was not provided within the medical records. The clinical note dated 06/10/2014 indicated diagnoses of post lumbar fusion and knee internal derangement. The clinical note is handwritten and hard to decipher. The injured worker reported bilateral sacroiliac joint radiation to both legs to the left shoulder blade. On examination of the lumbar spine, there was tenderness to the paraspinals with decreased range of motion with pain bilaterally; at the sacroiliac joint there was tenderness with a positive Faber sign. The injured worker had decreased sensory to the right S1 dermatomes. The injured worker's treatment plan included continued medication and compound creams, repeat request. The injured worker's prior treatment included diagnostic imaging, surgery, and medication management. The injured worker's medication regimen was not included for review. The provider submitted a request for cyclobenzaprine tube. A Request for Authorization dated 07/01/2014 was submitted for cyclobenzaprine too; however, a rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 60gm tube: Upheld

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

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

Decision rationale: The California MTUS guidelines indicates that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also state any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines do not recommend the topical use of cyclobenzaprine as a topical muscle relaxant, as there is no evidence for use of any other muscle relaxant as a topical product. Per the guidelines, any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. In addition, there is a lack of documentation of efficacy and functional improvement with the use of this medication. Moreover, the request did not indicate a frequency or quantity for the cyclobenzaprine.