

Case Number:	CM14-0123758		
Date Assigned:	08/08/2014	Date of Injury:	11/18/1994
Decision Date:	10/03/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	08/05/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 58 year-old male who reported an injury on 11/18/1994. The mechanism of injury was not provided. The diagnosis was low back pain. Past treatments included oral and topical medications. There were no diagnostic studies provided for the review. It was noted on 12/21/2013 that the injured worker complained of persistent low back pain rated at 2/5 on the numeric pain scale. The physical examination findings included pain centered over the bilateral sacroiliac joints, aggravated by twisting and bending. It was noted that the injured worker's pain was improved when bending forward with support. Further notations of objective findings for the review, were illegible. Medications included cycloenzaprine 15gm 10%/ 10% tramadol, and fiurrbiprofen, 25% menthol ,10% camphor, 3% capsaicin topical compounds. The treatment plan was for the continuation of all oral medications and for cyclobenzaprine cream 60gm. A request was received for 1 Purchase of Cyclobenzaprine Cream 60gm tube (unspecified frequency and duration):The rationale for the request and the authorization form were not provided for the review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Purchase of Cyclobenzaprine Cream 60gm tube (unspecified frequency and duration):
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Workers

Compensation Drug Formulary, www.odg-twc.com/odgtwc/formulary.htm. www.drugs.comACOEM-
<http://www.acoempracguides.org/Low Back>

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

Decision rationale: The request for the purchase of cyclobenzaprine cream 60gm is not medically necessary. The California MTUS Guidelines state that agents in topical analgesics are compounded as monotherapy or in combination for pain control. However, there is little to no research to support the use of many of these agents. The guidelines specifically state that muscle relaxants are not recommended as there is no evidence to support use as topical products. The injured worker has a history of persistent low back pain. The injured worker has been treated with oral and topical medications. However, the guidelines specifically state topical muscle relaxants are not recommended. Also, the request as submitted did not include a frequency or quantity. As such, the request is not medically necessary.