

Case Number:	CM14-0126132		
Date Assigned:	09/26/2014	Date of Injury:	03/06/2013
Decision Date:	10/28/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/08/2014

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 and Rehabilitation 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 injured worker is a 55-year-old female who reported an injury on 03/06/2013 due to an unspecified mechanism. Diagnoses were cervical sprain, thoracic sprain, myofascial pain, cervical disc protrusion, lumbar sprain, bilateral knee sprain, and left hip sprain. Physical examination on 07/30/2014 revealed complaints of low back pain, hip area, pain reported to be a 3/10 to 6/10. It was reported that the medications kept the pain manageable and under control. Examination revealed exquisite tenderness in the trapezius and interscapular area. Flexion and extension were somewhat restricted and painful. Cervical compression test was positive with radicular symptoms to right upper extremity. Spurling's test was negative. Straight leg raise caused hamstring tightness as well as complaints of pain. Sensation was intact to light touch and pinprick in all dermatomes in the bilateral lower extremities. The treatment plan was to continue medications as directed and continue home exercise program. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Fexeril (Cyclobenzaprine).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Cyclobenzaprine Page(s): 112.

Decision rationale: The California Medical Treatment Utilization Schedule states that cyclobenzaprine (Flexeril) is recommended for a short course of therapy. Flexeril is more effective than placebo in the management of back pain; however, the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first four days of treatment, suggesting that shorter courses may be better. This medication is not recommended to be used for longer than 2 to 3 weeks. The efficacy of this medication was not reported. The request does not indicate a frequency for the medication. The clinical documentation submitted for review does provide evidence that the injured worker has been on this medication for an extended duration of time. Therefore, this request is not medically necessary.

K Rub II Cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Cyclobenzaprine Page(s): 41.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines indicate that topical analgesics are experimental in use with few randomized controlled trials to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 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. The medical guidelines do not support the use of compounded medications. The medical guidelines do not support the use of muscle relaxants in a topical analgesic. There were no other significant factors provided to justify the use outside of current guidelines. Therefore, this request is not medically necessary.