

Case Number:	CM14-0146644		
Date Assigned:	09/12/2014	Date of Injury:	10/18/2012
Decision Date:	11/17/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/09/2014

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 General Surgery and is licensed to practice in Tennessee. 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 50-year-old male who was reportedly injured on October 18, 2012. The mechanism of injury is noted as a fall. Last progress report dated August 21, 2014 noted the injured worker complaining of back, neck and elbow pain which was aggravated by activity. Examination revealed decreased cervical range of motion, paraspinal muscles tenderness to palpation, left elbow range of motion within normal limits with tenderness over the olecranon. Lumbar spine flexion was to 30 degrees and extension was to 20 degrees. There was paraspinal muscle tenderness with muscle spasm. Magnetic resonance image showed spinal stenosis at L4-5. Treatments has included anti-inflammatories. A request was made for compound medication cyclobenzaprine/lidocaine 120gm and was not certified on August 29, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine/Lidocaine 120gm: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Topical Analgesics, Compounded

Decision rationale: The records do not indicate the specific use, goal or target of the requested compound as recommended in the Official Disability Guidelines. Furthermore, the use of muscle relaxants is not recommended according to guidelines concerning topical compounds. Guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Therefore, the request is not medically necessary.