

Case Number:	CM14-0150979		
Date Assigned:	09/19/2014	Date of Injury:	08/09/2012
Decision Date:	10/20/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/16/2014

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 Family Medicine 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:

According to the records made available for review, this is a 54-year-old male with an 8/9/12 date of injury. At the time (8/20/14) of the Decision for Cyclobenzaprine 5% 100gms, apply TID, there is documentation of subjective (neck and low back pain) and objective (tenderness over the suboccipital muscles, L2-L5 paraspinal muscles, and scalene, decrease cervical and lumbar range of motion, decreased motor strength, and positive straight leg raising test) findings, current diagnoses (cervical spine sprain/strain rule out disc displacement, cervical degenerative disc disease with radiculopathy, and lumbar spine sprain/strain), and treatment to date (medications).

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 5% 100gms, apply TID: 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 Topical Analgesics Page(s): 111-113.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in

combination for pain control; that Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and Gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of cervical spine sprain/strain rule out disc displacement, cervical degenerative disc disease with radiculopathy, and lumbar spine sprain/strain. However, Cyclobenzaprine 5% 100gms contains at least one component (Cyclobenzaprine) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Cyclobenzaprine 5% 100gms, apply TID is not medically necessary.