

Case Number:	CM14-0158266		
Date Assigned:	10/01/2014	Date of Injury:	03/22/2006
Decision Date:	11/10/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/22/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 53 year old male who reported an injury on 03/22/2006 due to lifting while climbing a ladder. His diagnoses included low back pain, lumbar spine disc displacement, lumbar radiculopathy and status post lumbar surgery with residual pain. His past treatments as of 06/24/2014 included 4 trigger point injections, up to 6 weeks of shockwave therapy, 1x 6 weeks of localized intense neurostimulation therapy, 3 x 6 weeks of acupuncture and physical therapy. Medication therapy included was noted as Terocin patches without notation of dosage or frequency. The injured workers diagnostics included a MRI of the lumbar on 11/13/2013 and 06/06/2014. The documentation did not provide pertinent surgical documentation. On exam dated 06/26/2014, the injured worker complained of constant moderate to severe pain with a rating of 4-5/10. He also stated his bilateral lower extremities had numbness and tingling, which is made worse by extended periods of sitting, standing, walking, bending, arising from sitting, ascending/descending stairs and stooping. The pain is alleviated temporarily with medication. On physical exam dated 06/26/2014, the treating physician noted the lumbar exam with tenderness to palpation L1-L5, range of motion of the lumbar were noted as flexion 30 degrees, extension 15 degrees, left lateral flexion 15 degrees, right lateral flexion 15 degrees, left rotation 20 degrees, right rotation 20 degrees, and positive bilateral straight leg raise at 40 degrees. It was also noted the neurologic exam of the bilateral lower extremities showed decreased sensation to pinprick/light touch over L4, L5, and S1. Decreased motor strength secondary to pain, deep tendon reflexes were 2+ and symmetrical. The treatment plan was for the injured worker to continue shockwave therapy, neurostimulation therapy, physical therapy, acupuncture and Terocin patches for pain relief. The request was for Cyclobenzaprine 5% cream 100gm apply a

thin layer to affected area 3 times a day for muscle spasms (muscle relaxant). The Request for Authorization was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 5% cream 100gm, apply a thin layer to affected area(s) 3 times a day for muscle spasms (muscle relaxant): 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 request was for Cyclobenzaprine 5% cream 100gm is not medically necessary. The injured worker was noted to be status post lumbar surgery after an injury on 03/22/2006. It was noted by his treating physician as a continued form of treatment on prior visits. The California MTUS Guidelines state that topical analgesics are largely 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. The guidelines also state that there is lack of evidence to support utilization of topical NSAIDs for treatment of neuropathic pain and is not recommended. The guidelines mention the use of other muscle relaxants as, "There is no evidence for use of any other muscle relaxant as a topical product." The treating physician had ordered continued conservative care treatments for the injured worker on exam dated 06/26/2014. Based on the lack of evidence to support the use of Cyclobenzaprine in the guidelines, the request is not supported. as such, the request is not medically necessary.