

Case Number:	CM14-0040702		
Date Assigned:	06/27/2014	Date of Injury:	01/24/2012
Decision Date:	08/26/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/07/2014

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 Oklahoma. 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 63-year-old male with a reported date of injury on 01/24/2012. The injury reportedly occurred when the injured worker drove his forklift into a parked forklift. His diagnoses were noted to include cervical spine degenerative disc disease, lumbar spine degenerative disc disease, lumbar spine facet arthropathy, cervical spine facet arthropathy, constipation, and NSAID induced gastritis. His previous treatments were noted to include medication management, chiropractic manipulation, electrical stimulation, hot packs, physical therapy, ice, and acupuncture. The progress note dated 01/30/2014 revealed the injured worker complained of lower back and neck pain rated with an average intensity of 7/10 described as tingling, burning, and numbness. The injured worker did not report what aggravates or alleviates the pain or whether or not the pain radiates. The physical examination of the cervical spine/bilateral shoulders/thoracolumbar spine was noted to have decreased range of motion. The request for authorization form dated 03/26/2014 was for cyclobenzaprine 2% cream 3 times a day as needed #60 for cervical and lumbar spine pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 2% cream TID PRN #60 for cervical and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines, neck and upper back - traction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-114.

Decision rationale: The request for cyclobenzaprine 2% cream 3 times a day as needed #60 for cervical and lumbar spine is not medically necessary. The injured worker complained of lower back and neck pain. The California Chronic Pain Medical Treatment Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines primarily recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The guidelines state there is no evidence for use of any muscle relaxant as a topical product. The guidelines do not recommend muscle relaxants as a topical product other than capsaicin. The guidelines state any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended and cyclobenzaprine is not recommended topically. There is no indication the injured worker is unable to take cyclobenzaprine orally. Therefore, the request is not medically necessary.