

Case Number:	CM14-0058532		
Date Assigned:	07/09/2014	Date of Injury:	07/30/2012
Decision Date:	08/27/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	04/29/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 58-year-old male with a 7/30/12 date of injury. At the time (1/20/14) of request for authorization for EnovaRX Cyclobenzaprine 60g, 1 refill (Retrospective request for Date of Service 01/20/2014), there is documentation of subjective (continuous pain in the left shoulder with sensitivity to touch, difficulty sleeping, and difficulty performing any type of movement due to pain) and objective (left shoulder tenderness to palpation over the acromioclavicular joint and bicipital groove, positive impingement sign of the left shoulder, decreased left shoulder range of motion, and 4/5 weakness of the left shoulder) findings, current diagnoses (status post left shoulder rotator cuff repair with residual pathology and weakness of the left upper extremity), and treatment to date (physical therapy and aspirin).

IMR ISSUES, DECISIONS AND RATIONALES

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

EnovaRX Cyclobenzaprine 60g, 1 refill (Retrospective request for Date of Service 01/20/2014): 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: An online search identifies EnovaRX-Cyclobenzaprine as a topical analgesic medication with the active ingredient of 2% Cyclobenzaprine in a Microderm Base. MTUS Chronic Pain Medical Treatment Guidelines identifies that there is no evidence for use of muscle relaxant as a topical product. Therefore, based on guidelines and a review of the evidence, the request for EnovaRX Cyclobenzaprine 60g, 1 refill (Retrospective request for Date of Service 01/20/2014) is not medically necessary.