MAXIMUS Federal Services

Case Number:	CM14-0065992		
Date Assigned:	07/11/2014	Date of Injury:	02/15/2008
Decision Date:	10/03/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/09/2014

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 Occupational 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:

The patient is a 58-year-old male who sustained an injury on 02/15/2008. The mechanism of injury has not been provided. Prior treatment history has included epidural steroid injection to the cervical spine which provided him with greater than 50% relief for 6 months. Progress report dated 04/30/214 documented the patient to have complaints of neck and low back pain with right upper extremity complaints. He reported his pain is a 6-7/10 and has associated numbness, tingling and burning to the fingers. He is noted to be taking Tramadol which helps to decrease his pain from 7/10 to 4/10; capsaicin cream helps to decrease his pain and increase his sleep as well as increase his function. On exam, there is tenderness to palpation of the cervical paraspinals. Range of motion of the cervical spine and lumbar spine is decreased in all planes. He has intact sensation of the upper and lower extremities bilaterally. He is diagnosed with anterolisthesis C3-4; L5-S1; chronic neck pain, chronic low back pain with radiculopathy bilateral knee arthralgia. He has been recommended for MRI and epidural steroid injection. There is a request for Tramadol ER 150 mg as well as caps 0.05%and Cyclo 4%. Prior utilization review dated 04/22/2014 states the requests for Retrospective request with date of service of 3/14/2014 for CM4-Capsaicin 0.025% and Cyclo 4% Cream and Retrospective request with date of service of 3/14/2014 for Cyclobenzaprine 7.5mg #30 are denied as any compounded topical medication that contains as least one non-recommended drug is not recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for date of service of 3/14/2014 for Cyclobenzaprine 7.5mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: According to MTUS guidelines, muscle relaxants may be recommended for short-term treatment of acute exacerbations of chronic low back pain. Long-term use is not recommended. However, in this case the patient is prescribed muscle relaxants on a long-term basis and is currently taking Flexeril every other day for chronic neck and back pain. Further, provided records do not establish significant exacerbation or muscle spasm on examination. Medical necessity is not established.

Retrospective request for date of service of 3/14/2014 for CM4-Capsaicin 0.025% and Cyclo 4% Cream: 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: This is a request for a topical compound containing cyclobenzaprine. However, according to MTUS guidelines, muscle relaxants are not recommended for topical application as efficacy is unproven. History and examination findings do not support an exception to this recommendation. Medical necessity is not established.