

Case Number:	CM14-0122891		
Date Assigned:	08/08/2014	Date of Injury:	07/08/2010
Decision Date:	07/01/2015	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/04/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 55 year old male with an industrial injury dated 07/08/2010. The injured worker's diagnoses include head contusion, history of subdural hematoma with residual cognitive disability, status post brain surgery, cervicalgia, bilateral ocular pain, otalgia, other specified mood disorders, stress, anxiety and hypertension. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 07/11/2014, the injured worker reported dizziness, ear and eye pain, radicular neck pain and muscle spasms. The injured worker also reported frustration, stress, anxiety and depression secondary to chronic pain. Objective findings revealed tenderness to palpitation of the occipital region, trapezius, paraspinal and at the elevator scapula muscles with trigger point. The treating physician also noted palpable tenderness at the scalene, splenius and sternocleidomastoid muscles. The treatment plan consisted of medication management. The treating physician prescribed Cyclobenzaprine 5% cream 100gm now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription for Cyclobenzaprine 5% cream 100gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: According to MTUS guidelines, Cyclobenzaprine a non sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The guidelines do not recommend to be used for more than 2-3 weeks. The patient in this case does not have clear recent evidence of spasm and the prolonged use of Cyclobenzaprine is not justified. In addition cyclobenzaprine cream is not approved by MTUS. Therefore, the request for 1 Prescription for Cyclobenzaprine 5% cream 100gm is not medically necessary.