

Case Number:	CM14-0137740		
Date Assigned:	09/05/2014	Date of Injury:	11/05/2013
Decision Date:	01/05/2015	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	08/26/2014

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 Acupuncture and Pain 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:

Claimant is a 60 year old male with a date of injury dated 11/5/13. The pain was related to low back pain. Per progress report dated 7/17/14, the injured worker complained of stabbing radicular low back pain rated 3/10 with numbness and tingling into his bilateral lower extremities and stabbing right knee pain, rated 5/10 radiating to his foot. Per physical exam, there was tenderness of the lumbar spine as well as right knee tenderness along the medial, lateral joint line with decreased ranges of motion. Sensation and motor responses were decreased bilaterally. The documentation submitted for review did not state whether physical therapy was utilized. Treatment to date has included medication management. The date of UR decision was 8/19/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 5% cream 100 grams: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 113.

Decision rationale: Per California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines p113, "There is no evidence for use of any other muscle

relaxant as a topical product. [referring to baclofen, which is also not indicated]" As the guidelines do not recommend the request, the request is not medically necessary.