

Case Number:	CM14-0185457		
Date Assigned:	12/16/2014	Date of Injury:	10/02/2012
Decision Date:	03/16/2015	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	11/06/2014

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
Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 38 year old male with a date of injury of 10/2/12. The listed diagnoses are myofascial pain and chronic pain. According to progress report 10/17/14, the patient presents with chief complaint of left calf pain. The patient's current medication regimen includes cyclobenzaprine, Hydrocodone, Mobic and a topical compound cream. Physical examination revealed some numbness and soft tissue tenderness noted over the left calf. Gait is normal and posture/LLD is normal. The patient is working with some restrictions. The treating physician recommended physical therapy and refills of medications. The utilization review denied the request on 10/6/14. Treatment reports from 8/27/14 through 11/14/14 were provided for 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 5mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-64.

Decision rationale: This patient presents with continued left leg pain. The current request is for 1 PRESCRIPTION OF CYCLOBENZAPRINE 5MG #30. The MTUS Guidelines page 63 regarding muscle relaxants states, "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most studies of low back pain, they showed no benefit beyond NSAIDs and pain with overall improvement. Efficacy appears to diminish over time, and prolonged use of some medication in this class may lead to dependence." The MTUS Guidelines support the usage of cyclobenzaprine (Flexeril) for a short course of therapy only, not longer than 2 to 3 weeks. In this case, the treater has prescribed this medication since 8/27/14, which is beyond the recommended duration. Therefore, the requested cyclobenzaprine is not medically necessary.

1 prescription of DT6 Ketamine 10%, Baclofen 2%, Bupivacaine 1%, Cyclobenzaprine 2%, DMSO 4%, Gabapentin 6%, Orphenadrine 5%, Pentoxifylline 3% #90 gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111, 113.

Decision rationale: This patient presents with continued left leg pain. The current request is for DT6 KETAMINE 10%, BACLOFEN 2%, BUPIVACAINE 1%, CYCLOBENZAPRINE 2%, DMS 04%, GABPENTIN 6%, and ORPHENADRINE 5% PENTOXIFYLLINE 3% #90GM. The MTUS Guidelines state the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." Under Ketoprofen, MTUS states, "This agent is not currently FDA approved for a topical application." Furthermore, both gabapentin and cyclobenzaprine are not recommended in any topical formulation; therefore, the entire compound topical cream is rendered invalid. This topical compound medication, therefore, is not medically necessary.