

Case Number:	CM14-0201140		
Date Assigned:	12/11/2014	Date of Injury:	08/14/2014
Decision Date:	01/28/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	12/02/2014

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 Internal 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 injured worker (IW) is a 57-year-old man with a date of injury of August 14, 2014. He was injured during an altercation with a patient while working as a licensed vocational nurse at a state hospital. The injured worker's working diagnoses are lumbosacral sprain/strain with degenerative disc disease, compression deformity at T12; coccydynia; and cervical spine strain/sprain. Pursuant to the progress note dated October 28, 2014, the IW complains of cervical spine pain in the mooring rated 6/10. He denies bilateral upper extremity radicular symptoms. Lumbar spine pain is rated 4-5/10 and is associated with stiffness and muscle spasms. He also had left lower extremity pain. The IE has been approved for chiropractic therapy and is pending scheduling. The IW reports medications are helpful. Objective findings indicated no change. Current medications include Naproxen 550mg, Colace 100mg, and Cyclobenzaprine Cream 60 grams. A progress note dated September 22, 2014 indicates the injured worker was taking Naprosyn and using a topical analgesic Cyclobenzaprine/Lidocaine/Ketoprofen. There was no documentation of objective functional improvement associated with the use of the topical cream. The current request is for Cyclobenzaprine cream 60 grams #2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine Cream 60 Gram Qty 2: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Topical Analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Cyclobenzaprine cream 60 g #2 is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical muscle relaxants are not recommended. Cyclobenzaprine is not recommended. In this case, the injured worker's working diagnoses are lumbosacral spine sprain/strain with degenerative disc disease and compression deformity at T12 and L1; left lower extremity radiculopathy; coccydynia; cervical spine strain/sprain; and sleep disorder. A progress note dated September 22, 2014 indicates the injured worker was taking Naprosyn and using a topical analgesic Cyclobenzaprine/Lidocaine/Ketoprofen. Progress note dated October 28, 2014 indicates cyclobenzaprine cream was prescribed. Cyclobenzaprine is not recommended. Any compounded product that contains at least one drug (topical cyclobenzaprine) that is not recommended is not recommended. Consequently, cyclobenzaprine cream is not recommended. Based on the clinical information in the medical record and peer-reviewed evidence-based guidelines, Cyclobenzaprine cream 60 g #2 is not medically necessary.