

Case Number:	CM14-0206650		
Date Assigned:	12/18/2014	Date of Injury:	05/21/2010
Decision Date:	02/12/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/10/2014

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 patient is an injured worker with a history of multilevel degenerative disease of the lumbar spine, herniated nucleus pulposus L2-3, L3-4, and L4-5 with stenosis, mild multilevel neural foraminal narrowing of the lumbar spine, chronic right L5-S1 radiculopathy, facet arthropathy L2-3, L3-4, and L4-5. Date of injury was May 21, 2010. The primary treating physician's progress report dated October 14, 2014 documented that the patient presented for a follow up regarding his low back pain. He denies any significant changes to his condition at this time. He continues to wear a lumbar corset for support when walking for prolonged periods of performing yard work. He last worked in May of 2010. Past treatments included chiropractic therapy with pain relief, acupuncture with pain relief, medial branch block with significant pain relief. The patient continues to describe aching pain in the low back centralized about his spine. He rates the pain in his back at a 7/10 on the pain scale. He reports difficulty sleeping due to his pain and reports this causes him to be tired and achy. He notes he is only managing three to four hours of interrupted sleep a night. He denies any pain or numbness in the bilateral lower extremities but does report weakness in his knees. Per the patient, he applies the Ketoprofen cream to his and this provides relief. With regards to medications, he is currently taking Naproxen 550mg once a day and Prilosec 20mg once daily. He also notes use of Ketoprofen cream which he states provides temporary pain relief. The patient states the medications reduce his pain and allow him to feel relaxed and energized. He denies any side effects to the medications. The comprehensive interval history and pain diagram were reviewed in detail with the patient. Physical examination was documented. The patient is alert and oriented, in no acute distress. Gait is normal and non-ataxic. Range of motion of the lumbar spine is decreased in all planes. Sensation is intact in the bilateral lower extremities. The patient is hyperreflexic in bilateral patellar and Achilles. Negative straight leg raise bilaterally. Diagnoses were multilevel degenerative disease of the

lumbar spine, herniated nucleus pulposus L2-3, L3-4, and L4-5 with stenosis, mild multilevel neural foraminal narrowing of the lumbar spine, chronic right L5-S1 radiculopathy, facet arthropathy L2-3, L3-4, and L4-5. Treatment plan was documented. Naproxen and topical Cyclobenzaprine 5% were requested. The patient was permanent and stationary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 5% with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address topical analgesics. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. There is no evidence for use of a muscle relaxant as a topical product. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Medical records document lumbar back conditions. MTUS Chronic Pain Medical Treatment Guidelines do not support the use of topical products containing muscle relaxants. Therefore, the request is not supported by MTUS. Therefore, the request for Cyclobenzaprine 5% with 1 refill is not medically necessary.