

Case Number:	CM14-0212512		
Date Assigned:	01/02/2015	Date of Injury:	07/10/2008
Decision Date:	02/17/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/18/2014

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 Family Practice, and is licensed to practice in Florida. 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 a 68-year-old male who sustained a work related injury on 7/10/2006. He has a diagnosis of lumbar spondylosis and lumbar spondylolisthesis. Prior diagnostic studies have included an MRI of the Lumbar spine performed June 4th 2012. Prior treatment has included April 21st 2014 L3-L5 epidural injections, physical therapy, chiropractic therapy, a home exercise program, and medications. Of note, this patient has a diagnosis of tuberculosis and documentation of associated liver abnormalities. Therefore, this patient cannot take many oral medications due to his liver condition. Nonetheless, a utilization review physician did not certify a request for topical cyclobenzaprine since MTUS guidelines do not support the use of topical muscle relaxants since there is no peer-reviewed literature to support their use. Therefore, an independent medical review was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 2% 120 gm: Upheld

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

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

Decision rationale: In accordance with California MTUS guidelines, topical analgesics are considered "Largely experimental in use with few randomized controlled trials to determine efficacy or safety." Guidelines go on to state that, "There is little to no research to support the use of many of these agents." The guideline specifically says, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The requested topical analgesic contains cyclobenzaprine. MTUS guidelines specifically state regarding topical muscle relaxants, "Baclofen: Not recommended. There is currently one Phase III study of Baclofen-Amitriptyline- Ketamine gel in cancer patients for treatment of chemotherapy-induced peripheral neuropathy. There is no peer-reviewed literature to support the use of topical baclofen. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Therefore this request for topical Cyclobenzaprine is not medically necessary.