

Case Number:	CM14-0218360		
Date Assigned:	01/08/2015	Date of Injury:	03/10/1998
Decision Date:	03/10/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	12/30/2014

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: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 is a 66 year old male who sustained an industrial injury on 12/23/2014. The injured worker is being treated for chronic back pain. Diagnoses include back injury, clavicular fracture, right side rib fractures, right knee injury, bilateral leg injuries, and problems with vision in his left eye, memory loss and hearing loss. Treatment to date has included medications, physical therapy, and chiropractic treatments. In a physician progress note dated 11/05/2014 the injured worker has severe spasm throughout the entire right side of the thoracic and superior lumbar spines. There is elevation and tightness to the right sided back. The treating provider is requesting one prescription of topical Cyclobenzaprine 10%/Lidocaine 2%. On 12/23/2014, the Utilization Review non-certified the request for one prescription of topical Cyclobenzaprine 10%/Lidocaine 2%. Cited for this request was California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines-Topical Medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Cyclobenzaprine 10%/Lidocaine 2%: 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 based on Non-MTUS Citation Pain section, Topical analgesics

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the official disability guidelines, topical Cyclobenzaprine 10%/Lidocaine 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 cyclobenzaprine is not recommended. Other than Lidoderm, no other the commercially approved topical formulation of lidocaine whether cream, lotion or gel is indicated for neuropathic pain. Lidocaine in non-Lidoderm form is not recommended. In this case, the injured workers working diagnoses are clavicular fracture; right side rib fracture; back injury; right knee injury; bilateral leg injury; problems with vision in the left eye; memory loss; and hearing loss. Subjectively, the injured worker complains of pain in the upper and lower back area is no longer working and uses so much to relax the back once a day objectively, spasms are noted throughout the entire right side of the thoracic and lumbar spines. Any compounded product that contains at least one drug (topical Cyclobenzaprine and topical lidocaine in non-Lidoderm form) that is not recommended is not recommended. Consequently, topical Cyclobenzaprine 10%/Lidocaine 2% is not recommended. Based on the clinical information in the medical record and a peer-reviewed evidence-based guidelines, topical Cyclobenzaprine 10%/Lidocaine 2% is not medically necessary.