

Case Number:	CM15-0001976		
Date Assigned:	01/13/2015	Date of Injury:	08/23/2011
Decision Date:	03/13/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	01/05/2015

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, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 56-year-old male who reported an injury on 08/23/2011. The mechanism of injury was not provided. The diagnostic studies included a CT and electrodiagnostic studies. The injured worker was noted to undergo a right shoulder replacement on 08/22/2014. Prior therapies included physical therapy. The documentation of 10/22/2014 revealed the injured worker had subjective complaints. The injured worker's neck pain was 6/10 with medications. The injured worker indicated he had a dramatic in his neck pain with physical therapy after his shoulder replacement. The injured worker indicated he had been awakening with 4/10 to 6/10 pain in his neck. The injured worker indicated the cervical epidural steroid injection assisted him for several months. The injured worker indicated he had no physical therapy, chiropractic treatment, acupuncture, injections, or surgery for his neck since 06/2011. Medications were noted to include Norco 10/325 mg 4 to 5 times per day, Pamelor 25 mg 1 per day, LidoPro cream as needed, and Flexeril for muscle spasms. The physical examination revealed decreased range of motion and tenderness of the upper cervical facets, right greater than left. The diagnoses included chronic neck pain, cervicogenic headaches, multilevel DDD of the cervical spine with facet arthropathy, and anterolisthesis of C3-4, retrolisthesis C4-5, and canal stenosis C5-6. The treatment plan included a trial of Flexeril cream. There was a Request for Authorization submitted, dated 10/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

CM2-Cyclobenzaprine 5%, QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Topical Muscle Relaxants, Cyclobenzaprine Page(s): 111, 113, 41.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines indicate that topical analgesics are experimental in use with few randomized controlled trials to determine efficacy or safety and 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. The guidelines do not recommend the topical use of cyclobenzaprine as a topical muscle relaxant as there is no evidence for use of any other muscle relaxant as a topical product. The clinical documentation submitted for review indicated the injured worker was utilizing oral Flexeril occasionally for muscle spasms. There was a lack of documentation indicating a necessity for 2 forms of the medication. There was a lack of documentation indicating the injured worker had a trial and failure of antidepressants and anticonvulsants. Additionally, the request as submitted failed to indicate the body part to be treated and the frequency. Given the above, the request for CM2-cyclobenzaprine 5%, quantity 1 is not medically necessary.