

Case Number:	CM15-0002395		
Date Assigned:	01/13/2015	Date of Injury:	11/27/2001
Decision Date:	04/01/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/06/2015

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

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

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 54 year old female, who sustained an industrial injury on 11/27/2001. The current diagnosis is herniated disc of the lumbar spine. Currently, the injured worker complains of low back pain. The pain is rated 8/10 on a subjective pain scale. She describes improvement of 85% with the use of medications. Current medications are Norco, Soma, Flurbiprofen, and Cyclobenzaprine. The physical examination reveals tenderness and spasm to palpation over the paravertebral musculature. Straight leg raising test produces pain in the lumbar spine bilaterally. Treatment to date has included medications. MRI of the lumbar spine (8/27/2014) shows bilateral facet hypertrophy, bilateral foraminal narrowing, and a 1.5 millimeter posterior disc protrusion at L4-L5 and bilateral facet hypertrophy, bilateral foraminal narrowing, and a 2 millimeter posterior disc protrusion at L5-S1. The treating physician is requesting Cyclobenzaprine topical cream 30gm, which is now under review. On 12/17/2014, Utilization Review had non-certified a request for Cyclobenzaprine topical cream 30gm. The California MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine topical cream 30gm: 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): 113.

Decision rationale: Regarding the request for topical cyclobenzaprine, Chronic Pain Medical Treatment Guidelines state that topical muscle relaxants are not recommended. They go on to state that there is no evidence for the use of any muscle relaxants as a topical product. Therefore, in the absence of guideline support for topical muscle relaxants, the currently requested topical cyclobenzaprine is not medically necessary.