

Case Number:	CM15-0003425		
Date Assigned:	01/14/2015	Date of Injury:	06/01/2014
Decision Date:	03/10/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/07/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 33 year old male, who sustained an industrial injury on June 1, 2014. He has reported injury to his back. The diagnosis is acute lumbar strain. Treatment to date has included diagnostic studies, physical therapy and medication. Currently, the injured worker complains of pain in the back with radiation to the left leg along with numbness and a tingling sensation in the leg. The pain was noted to be getting worse. He also complained of stress, anxiety and problems with sleep. On December 19, 2014, Utilization Review non-certified Cyclobenzaprine HCL compound 120 grams #1, noting the Chronic Pain Medical Treatment Guidelines. On January 5, 2015, the injured worker submitted an application for Independent Medical Review for review of Cyclobenzaprine HCL compound 120 grams #1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine HCL compound 120gm, QTY: 1: 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): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. 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 muscle relaxers such as Cyclobenzaprine are not recommended due to lack of evidence supporting their use. As a result, the use of topical Cyclobenzaprine is not medically necessary.