

Case Number:	CM15-0003540		
Date Assigned:	01/14/2015	Date of Injury:	01/11/2008
Decision Date:	03/13/2015	UR Denial Date:	12/12/2014
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: California

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 52 year old male who sustained an industrial injury on 1/11/08. The injured worker reported symptoms in the neck and upper extremities. The diagnoses included cervical spine herniated nucleus pulposus, low back pain, left shoulder osteoarthritis, right shoulder rotator cuff tear, lumbar spine degenerative disc disease, facet joint hypertrophy, anxiety disorder, stress, mood disorder, hypertension, sleep disorder, and Parkinson's disease. Treatments to date have included oral pain medications and shockwave therapy. PR2 dated 11/14/14 noted the injured worker presents with "burning, radicular neck pain and muscle spasms...described as frequent to constant, moderate to severe...rates the pain as 6/10". The treating physician is requesting cyclobenzaprine 5% cream, 100 grams, apply three times a day. On 12/10/14, Utilization Review non-certified a request for cyclobenzaprine 5% cream, 100 grams, apply three times a day. The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 5% cream 100 grams apply three times a day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 123-125.

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

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address topical analgesics. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. There is no evidence for use of a muscle relaxant as a topical product. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Medical records document neck, back, and shoulder conditions. MTUS Chronic Pain Medical Treatment Guidelines do not support the use of topical products containing the muscle relaxant Cyclobenzaprine. Therefore, the request for Cyclobenzaprine 5% cream is not medically necessary.