

Case Number:	CM15-0009492		
Date Assigned:	01/27/2015	Date of Injury:	10/25/2010
Decision Date:	03/17/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/16/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 40 year old male, who sustained an industrial injury on 10/25/2010 in a motor vehicle accident. He injured his head, back, right leg and right shoulder. The diagnoses have included disc protrusion, cervical disc displacement, sacroiliitis, depression, anxiety and thoracalgia. Treatment to date has included electro-acupuncture, medications, activity modification, physical therapy, ganglion block and psychologist care. Currently, the IW complains of pain in the lower back and neck. He reported gastritis from medication consumption and insomnia due to nightmares and pain. He also reported symptoms of post traumatic anxiety and depression. Objective findings included decreased cervical range of motion and tenderness with hyper tonicity in the trapezius of the cervical spine. There is thoracic spine tenderness and lumbar spine tenderness with hyper tonicity. On 12/18/2014, Utilization Review non-certified a request for Cyclobenzaprine/Gabapentin transdermal cream noting that there is no support for the use of any topical formulation with any muscle relaxant. The MTUS was cited. On 1/16/2015, the injured worker submitted an application for IMR for review of Cyclobenzaprine/Gabapentin transdermal cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine/Gabapentin, Transdermal Cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topicals Page(s): 111-113.

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Cyclobenzaprine is not recommended as a topical analgesic. Therefore, Cyclobenzaprine/Gabapentin, Transdermal Cream is not medically necessary.