

Case Number:	CM15-0103672		
Date Assigned:	06/08/2015	Date of Injury:	08/02/2012
Decision Date:	07/07/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/29/2015

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, Alabama, 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 57-year-old female, who sustained an industrial injury on August 2, 2012. He reported bilateral lower back pain, bilateral upper back pain, bilateral mid back pain, bilateral left shoulder pain, bilateral wrist pain, insomnia, bilateral posterior neck pain, right knee pain and right ankle pain. The injured worker was diagnosed as having lumbar intervertebral disc without myelopathy, bilateral wrist tenosynovitis, probable post traumatic insomnia, sacroilitis, cervicgia, probable post traumatic anxiety, thoracalgia, left shoulder impingement and probable post traumatic constipation. Treatment to date has included diagnostic studies, radiographic imaging, medications, conservative care and work restrictions. Currently, the injured worker complains of continued bilateral lower back pain, bilateral upper back pain, bilateral mid back pain, bilateral left shoulder pain, bilateral wrist pain, insomnia, bilateral posterior neck pain, right knee pain and right ankle pain. The injured worker reported an industrial injury in 2012, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. Evaluation on August 5, 2014, revealed continued pain as noted with associated symptoms. Evaluation on May 12, 2015, revealed continued pain as noted. A compound pain cream was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine cream 10% 30gms: 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): 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. There are no controlled studies supporting that Cyclobenzaprine treatment is effective for pain management (in topical forms). There is no documentation of failure of first line therapy for pain. Therefore, the request for Cyclobenzaprine cream is not medically necessary.