

<b>Case Number:</b>	CM15-0107895		
<b>Date Assigned:</b>	06/12/2015	<b>Date of Injury:</b>	02/04/2008
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	05/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2015

### 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 2/04/2008. She reported a slip and fall, landing on her back and hitting her head. She tried to get up but fell again, landing on her left elbow and left knee and feeling pain in her entire body. The injured worker was diagnosed as having cervical discopathy, bilateral shoulder impingement syndrome, bilateral carpal tunnel syndrome, lumbosacral strain/arthrosis/discopathy and foraminal stenosis, status post left total knee arthroplasty with subsequent manipulation under anesthesia and arthroscopic synovectomy, right knee degenerative arthrosis, and psychiatric complaints. Treatment to date has included diagnostics, lumbar steroid injections, physical therapy, transcutaneous electrical nerve stimulation unit, and medications. On 4/07/2015, she complained of low back pain with bilateral lower extremity radicular symptoms. Exam noted tenderness to palpation to the lumbar spine bilaterally and positive straight leg raise bilaterally, right greater than left. The treatment plan included medication refills, including Norco, Cyclobenzaprine tablets, and Cyclobenzaprine cream. Currently (4/21/2015), the injured worker complains of neck pain, with radiation down the bilateral upper extremities, low back pain, with radiation down both lower extremities, lower extremity pain, and insomnia. Pain was rated 8/10 with medications and 10/10 without, unchanged since last visit. She reported ongoing limitations with some activities of daily living due to pain. Exam of the cervical spine noted spasm in the trapezius muscles and tenderness to palpation, C4-7. Sensory deficit was noted C5-6 and grip strength was decreased bilaterally. Exam of the lumbar spine noted tenderness to palpation in the spinal vertebral area, L4-S1, and limited range of motion due to pain. The right knee showed

tenderness to palpation. She was administered Toradol/B12 injection. Her work status was permanent and stationary and she was currently not working. Current medications were renewed, including Lidocaine ointment, Lidoderm patch, Tizanidine, Trazadone, and Cosamine DS.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Cyclobenzaprine 10mg #60, 1 tab PO BID PRN - 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 63-66 of 127.

**Decision rationale:** Regarding the request for cyclobenzaprine (Flexeril), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the cyclobenzaprine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. Finally, there is no documentation of failure of first-line treatment options, as recommended by guidelines. In the absence of such documentation, the currently requested cyclobenzaprine (Flexeril) is not medically necessary.

**EnovaRX-Cyclobenzaprine 2% cream 60gm, apply a thin layer to affected area 2 times per day s needed - 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page 111-113 of 127.

**Decision rationale:** Regarding the request for EnovaRX-Cyclobenzaprine 2% cream, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Muscle relaxants drugs are not supported by the CA MTUS for topical use. As such, the currently requested EnovaRX-Cyclobenzaprine 2% cream is not medically necessary.