MAXIMUS Federal Services

Case Number:	CM15-0109607		
Date Assigned:	06/16/2015	Date of Injury:	02/28/2014
Decision Date:	07/14/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/08/2015

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:

This 45 year old male sustained an industrial injury to the low back, bilateral hips and bilateral knees on 2/28/14. Previous treatment included magnetic resonance imaging, physical therapy, chiropractic therapy and medications. In a PR-2 dated 5/6/15, the injured worker complained of low back pain with muscle spasms associated with numbness and tingling of bilateral lower extremities, bilateral hip pain with muscle spasms and bilateral knee pain with muscle spasms associated with pain, numbness and tingling radiating to the feet. The injured worker rated his pain 5-7/10 on the visual analog scale. The injured worker also reported being frustrated by his injury and was experiencing stress, anxiety, insomnia and depression brought on by chronic pain, physical limitations, inability to work and uncertain future. Physical exam was remarkable for tenderness to palpation to the lumbar spine paraspinal musculature and over the lumbosacral junction with decreased range of motion, positive Tripod, Flip and Lasegue's test, bilateral hips with tenderness to palpation and decreased range of motion and bilateral knees with decreased range of motion, tenderness to palpation over the medial joint line without evidence of instability, positive Apley's and Patella Grinding tests. Current diagnoses included low back pain, lower extremity radiculitis, bilateral hip sprain/strain, bilateral knee sprain/strain, anxiety disorder, mood disorder, sleep disorder and stress. The treatment plan included a course of physical therapy and chiropractic therapy three times a week for six weeks, a psychology consultation, Localized Intense Neurostimulation therapy for the lumbar spine and medications (Terocine patches, Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, Cyclobenzaprine, Ketoprofen Cream and Cyclobenzaprine cream).

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 5% cream 110gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Gabapentin, Baclofen, Other muscle relaxants Page(s): 112.

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 is no evidence that Cyclobenzaprine is recommended as topical analgesics for chronic back pain. Cyclobenzaprine, a topical analgesic is not recommended by MTUS guidelines. Based on the above, the request for Cyclobenzaprine 5% cream 110gm is not medically necessary.