

<b>Case Number:</b>	CM15-0134868		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	03/27/2005
<b>Decision Date:</b>	09/28/2015	<b>UR Denial Date:</b>	07/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/13/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, 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 60 year old female, who sustained an industrial injury on March 27, 2005. She reported low back pain after lifting a trash bag at work. The injured worker was diagnosed as having lumbar spondylosis without myelopathy, lumbar radiculopathy, lumbar herniated disc, lumbar spinal stenosis, lumbar degenerative disc disease, lumbago, and sacroiliitis. Treatments and evaluations to date have included epidural steroid injection (ESI), branch blocks, radio frequency ablation, physical therapy, acupuncture, aqua therapy, TENS, x-rays, MRI, and medication. Currently, the injured worker complains of low back pain. The Treating Physician's report dated May 22, 2015, noted the injured worker reported her symptoms slightly worse since the previous visit, with sharp pain in the medial aspect of her left calf area, with numbness and pain across her low back right above the buttocks, and sharp pain that radiates down the outside of her bilateral legs. The injured worker reported her pain as an 8/10 on the pain scale before the Naproxen and 6/10 with the Naproxen. The injured worker reported using Flexeril cream on her spine as needed with 100% pain relief when she uses it. PE was noted to show tenderness to palpation along the bilateral mid to lower lumbar paraspinal muscles and along the bilateral sacroiliac joints, right worse than left. The treatment plan was noted to include a urine drug screen (UDS), refilled medications including the Tylenol #3, Prilosec, and Flexeril cream, continued use of Naproxen Sodium, a scheduled MRI of the lumbar spine, and to schedule a bilateral L4-S1 facet joint injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Cyclobenzaprine 5% cream (DOS: 5/22/15): 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): 113.

**Decision rationale:** Per MTUS CPMTG p 113, "There is no evidence for use of any other muscle relaxant as a topical product. [besides baclofen, which is also not recommended]." Topical cyclobenzaprine is not supported by the guidelines. The request is not medically necessary.