MAXIMUS Federal Services

| Case Number: | CM15-0139842 | | |
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| Date Assigned: | 08/20/2015 | Date of Injury: | 10/23/1997 |
| Decision Date: | 09/29/2015 | UR Denial Date: | 06/23/2015 |
| Priority: | Standard | Application Received: | 07/20/2015 |

## 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, North Carolina
Certification(s)/Specialty: Family Practice

## 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 44-year-old female who sustained an industrial injury on 10-23-1997 of unknown mechanism. Treatment provided to date has included medications and conservative therapies/care. Recent diagnostic testing was neither discussed nor available for review. There were no noted comorbidities or other dates of injury noted. On 05-15-2015, physician progress report noted complaints of continued pain in the cervical spine with spasms. The pain was rated 5 out of 10 in severities, and there was reported limited range of motion (ROM) and tightness. Additional complaints included persistent numbness and tingling in both hands. Current medications include naproxen, topical Cyclobenzaprine, and Soma. The injured worker reported that her activities of daily living are limited by approximately 35% of normal, and that the use of medications helps to reduce her symptoms by 60%. The physical exam revealed restricted ROM in the cervical spine, and palpable tenderness and spasms over the paravertebral musculature and trapezial musculature bilaterally. The motor, reflex and sensory exams were normal. The provider noted diagnoses of cervical spine musculoligamentous sprain. Plan of care includes continuation of current medications, continued home or independent exercise program, use of heat and ice, use a cervical spine and wedge pillow for neck support while sleeping, and request for physical therapy. The injured worker's work status was noted as "may continue to perform current work activities". The request for authorization and IMR (independent medical review) includes: Cyclobenzaprine 10% topical cream and Soma 350mg #60.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 10% topical cream:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

**Decision rationale:** CA MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. There is little to no research to support the use of many of these agents. In this case, the request is for Cyclobenzaprine 10% topical cream, which the patient has been taking since at least 2012 with little evidence of significant benefit. Cyclobenzaprine is also specifically not recommended for topical use. Therefore, the request is not medically necessary or appropriate.

**Soma 350mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Soma (carisoprodol), and Muscle relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

**Decision rationale:** CA MTUS states that SOMA is a muscle relaxant that is beneficial as a second-line option for short-term treatment of acute low back pain (LBP) or acute exacerbation of chronic low back pain. SOMA is not recommended for long-term use due to the risk of dependency. There is no evidence of muscle relaxants demonstrating any benefit beyond NSAIDs in pain relief or overall improvement. In this case, the patient has been taking SOMA since at least 2009 with little significant benefit. Objective findings consistently note the presence of muscle spasm. The patient has far exceeded the recommended guidelines for the use of SOMA; therefore, the request is not medically necessary or appropriate.