

Case Number:	CM15-0140919		
Date Assigned:	07/30/2015	Date of Injury:	10/09/2013
Decision Date:	08/27/2015	UR Denial Date:	07/17/2015
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: Arizona, California
 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 58-year-old male, who sustained an industrial injury on 10-09-2013. The injured worker was diagnosed as having lumbago and bilateral L5-S1 radiculopathy secondary to disc herniation. Treatment to date has included diagnostics, physical therapy, transcutaneous electrical nerve stimulation unit, and medications. On 5/21/2015, the injured worker was in physical therapy for his back, which he reported was making him feel worse. He also reported that Lyrica was making him too drowsy. His low back pain radiated to his bilateral lateral thighs and legs. His current medication regimen was not noted. He remained off work. The treatment plan included Cyclobenzaprine HCL compound cream. He was dispensed a trial compound pain cream, with remaining supply to be filled by pharmacy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine HCL compound 180gm #1: 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): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical muscle relaxants such as Cyclobenzaprine are not recommended due to lack of evidence. In addition it was combined with other topical including Gabapentin and oral opioids. There is no indication for combining multiple topical analgesics and oral opioids. Since the compound above contains these topical Cyclobenzaprine, the compound in question is not medically necessary.