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| <b>Case Number:</b>   | CM15-0141075 |                              |            |
| <b>Date Assigned:</b> | 07/23/2015   | <b>Date of Injury:</b>       | 11/20/2013 |
| <b>Decision Date:</b> | 08/20/2015   | <b>UR Denial Date:</b>       | 06/15/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/10/2015 |

### 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: Preventive Medicine, Occupational 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:

The injured worker is a 56 year old female with an industrial injury dated 11/20/2013. The injured worker's diagnoses include cervical herniated nucleus pulposus, thoracic herniated nucleus pulposus, lumbar herniated nucleus pulposus and cervical, thoracic and lumbar radiculopathy. Treatment consisted of X-ray of thoracic spine/ lumbar spine /cervical spine, MRI of thoracic spine/ cervical spine /lumbar spine, prescribed medications, 6 physical therapy sessions, 3 acupuncture therapy sessions, transforaminal epidural steroid injection (ESI), lumbar corset and periodic follow up visits. In a progress note dated 05/20/2015, the injured worker presented for a follow up regarding neck and low back pain. The injured worker rated pain a 7/10 on the pain scale. Objective findings revealed tenderness to palpitation of bilateral cervical upper trapezius, tender left lumbar paraspinals and decreased sensation in the left cervical and lumbar dermatomes. Treatment plan consisted of diagnostic studies, massage therapy and medication management. The treating physician prescribed Cyclobenzaprine 7.5mg #30 and compound topical cream: 0.05% Capsaicin/4% Cyclobenzaprine now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 7.5mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 67.

**Decision rationale:** MTUS Guidelines specifically state that Cyclobenzaprine is not recommended for long-term use i.e. greater than 3 weeks. If it is highly beneficial, limited use during distinct acute flare-ups is Guideline supported. This individual does not meet these criteria. There is no evidenced of significant benefits as no changes in pain levels or functional improvements are noted as a result of its use. Under these circumstances, the Cyclobenzaprine 7.5 mg #30 is not supported by Guidelines and is not medically necessary.

**Compound topical cream: 0.05% capsaicin/4% Cyclobenzaprine:** 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): 111-113.

**Decision rationale:** MTUS Guidelines are very specific with the recommendation that only FDA/Guideline supported topical agents be utilized and any compound including a non-supported agent is not recommended. Guidelines specifically do not recommend topical muscle relaxants (Cyclobenzaprine) not do they support Capsaicin at a strength of .05%. There are no unusual circumstances to justify an exception to Guidelines. The Compound topical cream: 0.05% capsaicin/4% Cyclobenzaprine is not supported by Guidelines and is not medically necessary.