

Case Number:	CM15-0141454		
Date Assigned:	07/31/2015	Date of Injury:	05/20/2006
Decision Date:	09/24/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/21/2015

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: Physical Medicine & Rehabilitation

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 55 year old male who sustained an industrial injury on 05/20/2006. According to the most recent progress report submitted for review and dated 05/04/2015, the injured worker reported low back pain that was rated 5-6 on a scale of 1-10. Left knee pain was rated 5. A urine drug screen was consistent. Pain level was noted to be the same. Range of motion of the thoracolumbar spine was reduced with pain with restrictions and radiating pain noted. Antalgic gait was noted bilaterally. Hyperextension for evaluation of upper lumbar root tension was abnormal and positive. Bilateral leg lowering test was abnormal and positive. Palpation of the spine demonstrated loss of motion, pain, stiffness, soreness and tenderness. Muscle strength was +5/5 100% normal. Radiating pain in dermatome L5 and S1 bilaterally was noted. Thoracolumbar pain and spasms were noted. Diagnoses included thoracic or lumbosacral neuritis or radiculitis unspecified, other tear of cartilage or meniscus of knee current, lumbago, pain in joint involving lower leg, spinal stenosis of lumbar region, encounter for therapeutic drug monitoring and long-term (current) use of other medications. Current medications included Norco, Ibuprofen and Prilosec. The treatment plan included medication refill and non-steroidal creams and neuropathic creams. Prilosec was dispensed. The injured worker was at maximum medical improvement but continued palliative treatment. He was to return in 4 weeks. Currently under review is the request for topical Cyclobenzaprine 2% cream 120 grams 30 day supply.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Cyclobenzaprine 2% cream 120 gms: 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.

Decision rationale: The patient presents with low back pain, rated 5/10, and left knee pain, rated 5/10. The request is for TOPICAL CYCLOBENZAPRINE 2% CREAM 120 GMS. Physical examination to the lumbar spine on 05/04/15 revealed tenderness to palpation. Per 05/04/15 progress report, patient's diagnosis include thoracic or lumbosacral neuritis or radiculitis, unspecified; other tear or cartilage or meniscus of knee, current; lumbago; pain in the joint involving lower leg, spinal stenosis of lumbar region; encounter for therapeutic drug monitoring; long term (current) use of other medications. Patient's medications, per 11/04/14 progress report include Ibuprofen, Prilosec, and Norco. Patient's work status was not specified. MTUS has the following regarding topical creams on p111 under Topical Analgesics: "Non-steroidal antiinflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." The treater has not specifically discussed this request. No RFA was provided either. MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. In this case, the requested topical cream contains Cyclobenzaprine which is not supported for topical use. Therefore, the request IS NOT medically necessary.