

Case Number:	CM15-0149029		
Date Assigned:	08/12/2015	Date of Injury:	07/30/2012
Decision Date:	09/15/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	07/31/2015

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(n) 52 year old male, who sustained an industrial injury on 7-30-12. He reported injury to his lower back and ankle. The injured worker was diagnosed as having lumbosacral sprain, left sided sacroilitis and left foot numbness and tingling. Treatment to date has included a left foot MRI on 3-16-15, a left ankle MRI on 5-19-15, an EMG study, physical therapy for the low back and a left ankle ligamentous repair on 11-11-12. As of the PR2 dated 6-18-15, the injured worker reported worsening of his back pain and is in a pain crisis. Objective findings include focal tenderness on the left side at the sacroiliac joint as well as superior iliac crest and a positive Faber test. The treating physician requested Cyclobenzaprine 10% and Lidocaine 2% 150gm cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10% and Lidocaine 2% 150gm cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: Based on the 06/18/15 progress report provided by treating physician, the patient presents with low back pain. The request is for CYCLOBENZAPRINE 10% AND LIDOCAINE 2% 150GM CREAM. Patient's diagnosis per Request for Authorization form dated 07/09/15 includes degenerative disc displacement, bulging lumbar, and lumbosacral strain/sprain. Physical examination on 06/18/15 revealed focal tenderness on the left side at the sacroiliac joint as well as superior iliac crest and a positive Faber test. Treatment to date has included surgery, physical therapy, imaging and electrodiagnostic studies, and medications. Patient's medications include topical creams. The patient is not working, per 06/18/15 report. MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Non-steroidal anti-inflammatory 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." Per 06/18/15 report, treater states "at this point, patient has been on oral analgesics, and/or not tolerating oral medication. Based on this and my hope to avoid minimize the amount of oral medication I am prescribing, the following transdermal creams." However, the requested topical compound contains Lidocaine and Cyclobenzaprine, which are not supported for topical use in lotion form, according to guidelines. MTUS page 111 states that if one of the compounded topical products is not recommended, then the entire product is not. This request is not in accordance with guidelines. Therefore, the request is not medically necessary.