

Case Number:	CM15-0183714		
Date Assigned:	09/24/2015	Date of Injury:	07/08/2012
Decision Date:	10/30/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/18/2015

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 55 year old female, who sustained an industrial injury on 7-8-2012. Medical records indicate the worker is undergoing treatment for chronic low back pain and lumbar and cervical radiculopathy. A recent progress report dated 8-21-2015, reported the injured worker complained of worsening hip, neck and back pain rated 9 out of 10. Physical examination revealed cervical flexion of 40 degrees, extension 35 degrees, right and left lateral bending 25 degrees and right and left rotation of 60 degrees. Treatment to date has included 3-4 visits of chiropractic care, 11 visits of physical therapy, 3 epidural steroid injections and medication management. Bilateral upper extremities electromyography (EMG) showed no evidence of cervical radiculopathy. Current medications include Norco, Pamelor, Clonazepam, Gabapentin, Prazosin and Metaxalone. The physician is requesting One (1) prescription of CM2 cyclobenzaprine 5% and One (1) single positional MRI of the cervical spine. On 9-8-2015, the Utilization Review non-certified the request for One (1) prescription of CM2 cyclobenzaprine 5% and One (1) single positional MRI of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription of CM2 cyclobenzaprine 5%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

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. The claimant had prior hair loss with the use of oral Cyclobenzaprine. There is no indication that topical Cyclobenzaprine will provide similar benefit as oral. In addition, its absorption systemically can cause similar side effects. Since the compound above contains these topical medications, topical Cyclobenzaprine is not medically necessary.

One (1) single positional MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back (Acute & Chronic): Magnetic resonance Imaging (MRI).

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Summary.

Decision rationale: According to the ACOEM guidelines, an MRI of the cervical spine is not recommended in the absence of any red flag symptoms. It is recommended to evaluate red-flag diagnoses including tumor, infection, fracture or acute neurological findings. It is recommended for nerve root compromise in preparation for surgery. There were no red flag symptoms. There was no plan for surgery. The physical exam did not indicate any neurological abnormalities of the cervical spine. A prior EMG did not indicate cervical radiculopathy. The request for an MRI of the cervical spine is not medically necessary.