

Case Number:	CM15-0186396		
Date Assigned:	09/28/2015	Date of Injury:	03/19/2015
Decision Date:	11/03/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/22/2015

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 40 year old male, who sustained an industrial injury on 3-19-2015. The medical records indicate that the injured worker is undergoing treatment for cervical and lumbar herniated nucleus pulposus with radiculopathy, lumbar stenosis, and thoracic facet arthropathy. According to the progress report dated 8-4-2015, the injured worker presented with complaints of neck and low back pain. He notes that since his last visit, his symptoms have worsened, due to chiropractic therapy. On a subjective pain scale, he rates his overall pain 10 out of 10. The physical examination reveals diffuse tenderness to palpation over the cervical, thoracic, and lumbar spine. There is muscle spasms noted in the bilateral lumbar and cervical paraspinal and trapezius muscles. There is positive cervical and lumbar facet loading bilaterally. Range of motion is restricted in the cervical, thoracic, and lumbar spine. Positive straight leg raise test bilaterally. The current medications are Naproxen, Ibuprofen, Lorazepam, and Flexeril. Previous diagnostic studies include x-rays, electrodiagnostic testing, and MRI studies. Treatments to date include medication management and 1 chiropractic therapy session (increased pain). Work status is described as temporarily partially disabled. The original utilization review (8-24-2015) had non-certified a request for CM2-Cyclobenzaprine 5%.

IMR ISSUES, DECISIONS AND RATIONALES

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

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: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with spinal and multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded muscle relaxant over oral formulation for this chronic injury without documented functional improvement from treatment already rendered. Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury without improved functional outcomes attributable to their use. It is also unclear why the patient is being prescribed topical formulation of muscle relaxant without noted intolerance to oral analgesics. The patient is also prescribed oral Flexeril resulting in 2 concurrent same muscle relaxant posing an increase risk profile without demonstrated extenuating circumstances and indication, The CM2-Cyclobenzaprine 5% is not medically necessary and appropriate.