

Case Number:	CM15-0192454		
Date Assigned:	10/06/2015	Date of Injury:	10/25/2000
Decision Date:	11/18/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/30/2015

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: 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 59-year-old female who sustained an industrial injury on 10-25-2000. The impression is noted as postlaminectomy syndrome, neuropathic pain with significant radiculopathy, restless legs, and exacerbation of left sided myofascial pain. In a supplemental report on pain management progress report dated 8-27-15, the physician notes complaint of constant pain from the right hip where the fusion occurred extending into the right lower extremity sometimes into the foot. There is also complaint of numbness and tingling in the calf and a constant itching sensation in the region above the fusion and a feeling of pulling throughout the right back from the right hip through the flank. It is noted there has been an increase in her low back pain. Gabapentin is reported to help greatly with the nerve pain, she takes Norco as needed which is reported to reduce pain from 7 out of 10 to 4 out of 10. This allows her to groom, dress, be ambulatory, cook and drive without adverse side effects. It is noted she also uses Lidoderm. Physical Exam notes straight leg raise on the right at 60 degrees and on the left is normal at 90 degrees. Pain on palpation is noted of the lumbar facet and of the bilateral sacroiliac joint -right sided, and over the lumbar intervertebral spaces. She has an antalgic gait and pain is noted with lumbar extension. Previous treatment includes a spinal cord stimulator trial, thermaphor heating pad, home exercise program, trigger point injection (7-27-15), chiropractic treatment, hip injection - trochanteric bursa (2-25-15), and acupuncture. The requested treatment of Cyclobenzaprine HCL Powder, Quantity 90 was non-certified on 8-31-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine HCL (hydrochloride) powder Qty 90: Upheld

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

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 largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines state that there is little to no research to support the use of many these agents. There is no evidence for use of muscle relaxant such as cyclobenzaprine as a topical product. The request for Cyclobenzaprine HCL (hydrochloride) powder Qty 90 is therefore not medically necessary and appropriate.