

Case Number:	CM15-0192507		
Date Assigned:	10/06/2015	Date of Injury:	03/21/1994
Decision Date:	11/20/2015	UR Denial Date:	09/11/2015
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: Physical Medicine & Rehabilitation, Pain Management, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 67 year old female, who sustained an industrial injury on 03-21-1994. The injured worker was diagnosed as having multilevel herniated nucleus pulposus of the cervical spine with moderate stenosis most signification at C3-C4, C4-C5, C5-C6 and C6-C7, moderate to severe left neural foraminal narrowing L4-L5, Grade I spondylolisthesis L4-L5 and retrolisthesis L5-S1, L4-L5 pedicle edema- stress reaction and cervical and lumbar radiculopathy. On medical records dated 07-17-2015 and 05-29-2015, the subjective complaints were noted as back aching and pinching and neck pain that radiates to left shoulder. Neck pain was rated a 9 out of 10. Symptoms were noted to remain the same. Objective findings were noted as tenderness to palpation of the lumbar spine with spasms noted right greater than left, decreased sensation at L4, L5 and S1 dermatomes on the left. Treatments to date included medication, physical therapy, acupuncture and surgical intervention. Current medications were listed as Flexeril cream and Advil. The injured worker was noted to want to avoid oral medication, as they cause GI upset. The Utilization Review (UR) was dated 09-11-2015. A Request for Authorization was dated 07-17-2015. The UR submitted for this medical review indicated that the request for Cyclobenzaprine 5% was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 5%: 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): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain), Topical Analgesics.

Decision rationale: MTUS 2009 recommends against the sustained use of muscle relaxants. MTUS 2009 also recommends against the use of compounded topical analgesics containing drugs such as cyclobenzaprine. This patient has been prescribed the compounded topical cyclobenzaprine cream in the past and continues to report significant pain and is prescribed a number of other treatments to treat the pain. The use of cyclobenzaprine topical cream does not adhere to evidence-based guidelines and has not been effective in this case. Therefore, the cyclobenzaprine cream is not medically necessary.