

Case Number:	CM15-0194215		
Date Assigned:	10/08/2015	Date of Injury:	06/05/2009
Decision Date:	11/16/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	10/02/2015

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, Oregon, Washington
Certification(s)/Specialty: Orthopedic Surgery

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 is a 43 year old female who sustained an industrial injury on 6-5-2009. A review of the medical records indicates that the injured worker is undergoing treatment for cervical discopathy, right and left shoulder impingement and right wrist carpal tunnel syndrome. According to the progress report dated 8-20-2015, the injured worker complained of right shoulder and right wrist pain. It was noted that she needed a new wrist splint. Per the treating physician (8-20-2015), the injured worker was working with restrictions. Range of motion of the right shoulder was decreased. Diffuse forearm tenderness was present on the right. The physical exam (8-20-2015) revealed tenderness to palpation in the acromioclavicular joint area. Treatment has included right shoulder surgery and medications. Current medications (8-20-2015) included Ibuprofen. The request for authorization was dated 8-20-2015. The original Utilization Review (UR) (9-3-2015) denied a request for Cyclobenzaprine-Tramadol cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10%/Tramadol 10% cream 120g: 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): Muscle relaxants (for pain), Topical Analgesics.

Decision rationale: Per the CA MTUS regarding topical analgesics, Chronic Pain Medical Treatment Guidelines, Topical analgesics, page 111-112 "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of anti-depressants and anti-convulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Therefore the determination is for non-certification. CA MTUS Chronic Pain Medical Treatment Guidelines, pages 64-65, reports that muscle relaxants are recommended to decrease muscle spasm in condition such as low back pain although it appears that these medications are often used for the treatment of musculoskeletal conditions whether spasm is present or not. The mechanism of action for most of these agents is not known. CA MTUS Chronic Pain Medical Treatment Guidelines, page 41 and 42, report that Cyclobenzaprine, is recommended as an option, using a short course of therapy. See Medications for chronic pain for other preferred options. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief. This medication is not recommended to be used for longer than 2-3 weeks and is typically used postoperatively. The addition of cyclobenzaprine to other agents is not recommended. Therefore, the request is not medically necessary.