

Case Number:	CM15-0199382		
Date Assigned:	10/14/2015	Date of Injury:	08/12/2013
Decision Date:	11/24/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/09/2015

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: Emergency 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:

The injured worker is a 37 year old female, who sustained an industrial injury on 08-12-2013. She has reported subsequent low back and lower extremity pain and was diagnosed with lumbosacral neuritis or radiculitis. Treatment to date has included oral and topical pain medication and physical therapy, which were noted to have failed to significantly relieve the pain. Documentation shows that Cyclobenzaprine-Tramadol cream had been prescribed since at least 05-2014. The reason for prescription of this medication was listed as "to reduce impact on patient's GI, to directly target pain associated with inflammation and muscle spasm in conjunction with oral medication as a multi-modality to reduce use of opioids or other medication with adverse effects." Progress notes dated 06-11-2015 and 07-17-2015 showed that the injured worker was reporting 8-10 out of 10 low back pain radiating to the lower extremities with numbness and tingling, difficulty sleeping due to pain, decreased strength and energy levels and anxiety and depression due to pain and loss of work. Objective findings on 06-11-2015 and 07-17-2015 showed exquisite tenderness over the lumbar paraspinal musculature with muscle guarding of L2-S1, right greater than left, exquisite tenderness over the L2-S1 facet joints, severe tenderness over the S1 joint on the right and exquisite tenderness over the sciatic nerve on the right, decreased range of motion, positive straight leg raise at 30 degrees on the right and 40 degrees on the left and weakness in the right L5 and S1 myotomes. The treatment plan included topical and oral pain medications including the addition of Norco for severe pain. In a progress note dated 08-13-2015, the injured worker reported low back pain that was rated as a 5 out of 10 and radiated to the left leg into the knee with the use of medication. Oral medications including

Cyclobenzaprine and Naproxen and topical medications were noted to be helpful. Objective examination findings revealed moderate tenderness to palpation over the bilateral, left greater than right paraspinal muscles at the L3-L4, L4-L5 and L5-S1 segments, moderate lumbar spinal tenderness, moderate tenderness over the facet joints at L3-L4, L4-L5 and L5-S1, decreased range of motion of the lumbar spine, positive bilateral Kemp's test, positive straight leg raise on the left at 70 degrees and moderate tenderness of the sciatic nerve on the left. Work status was documented as permanent and stationary. A request for authorization of retrospective topical cream Cyclobenzaprine 10%-Tramadol 10%, 30 mg tube DOS: 08-24-2015 was submitted. As per the 10-06-2015 utilization review, the aforementioned request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective topical cream Cyclobenzaprine 10%/Tramadol 10%, 30mg tube (DOS: 08/24/2015): 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: The requested Retrospective topical cream Cyclobenzaprine 10%/Tramadol 10%, 30mg tube (DOS: 08/24/2015), is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants". The injured worker has low back pain radiating to the lower extremities with numbness and tingling, difficulty sleeping due to pain, decreased strength and energy levels and anxiety and depression due to pain and loss of work. Objective findings on 06-11-2015 and 07-17-2015 showed exquisite tenderness over the lumbar paraspinal musculature with muscle guarding of L2-S1, right greater than left, exquisite tenderness over the L2-S1 facet joints, severe tenderness over the S1 joint on the right and exquisite tenderness over the sciatic nerve on the right, decreased range of motion, positive straight leg raise at 30 degrees on the right and 40 degrees on the left and weakness in the right L5 and S1 myotomes. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Retrospective topical cream Cyclobenzaprine 10%/Tramadol 10%, 30mg tube (DOS: 08/24/2015) is not medically necessary.