

Case Number:	CM15-0209576		
Date Assigned:	10/28/2015	Date of Injury:	01/18/2000
Decision Date:	12/15/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/24/2015

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: Texas, 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:

This is a female patient who sustained an industrial injury on January 18, 2000. The diagnoses include multilevel cervical spine bilateral stenosis; left shoulder impingement syndrome; status post C4 through 5 ACDF, and hypermobility C3 through 4 significant kyphotic hypermobility C6 through 7. Per the doctor's note dated February 06, 2015, she had complaint of significant amount of aching and burning pain in the neck; burning pain to bilateral shoulders and significant back pain. Physical exam revealed walks with a shortened stance phase of gait, difficulty with toe heel walk bilaterally, a head compression sign markedly positive; Spurling's noted bilaterally positive and diffuse trapezius tenderness with bilateral levator scapulae tenderness. Per the doctor's note dated March 04, 2015 she had complaint of neck and left shoulder pain. She reported "steady, progressive increase in neck pain radiating to the shoulder with numbness and tingling down the arm. The pain was rated a "6" to "7" intensity level with radiating pain into the right arm. Her left shoulder bothers her on and off." She finally got the medicines approved; just oral. She was not attending any form of therapy at this time. She was not currently working. In addition she reported fatigue, dry mouth, vaginal dryness, ringing in the ears, leg cramping, numbness and tremor, vision loss, blurry vision and double vision, weakness and headache. Physical exam revealed cervical spine with tenderness in the paraspinous musculature of both cervical region and anterior neck; Cervical AROM: flexion and extension 35 degrees, bilateral rotation 40 degrees and bilateral tilt 30 degrees, mild spasm on cervical ROM, some wrist flexor and finger flexor weakness, left with diminished C7 sensation, a mild positive head compression and tenderness in the sternoclavicular joint, anterior capsule

and acromioclavicular joint; the left shoulder ROM: abduction 130 degrees, adduction and extension 40 degrees, bilateral rotation 75 degrees and flexion 150 degrees; crepitus on motion present. The medications list includes gabapentin, Ibuprofen, Naprosyn and Omeprazole and topical creams. She has undergone 2 right shoulder surgeries in 2000 and 2004 and anterior cervical discectomy and fusion surgery in 1/2001. She had physical therapy, acupuncture and chiropractic care for this injury. On September 03, 2015 a retrospective request was made for DOS August 27, 2015 Cyclobenzaprine HCL powder compound 120GM that was noncertified by Utilization Review on October 01, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Cyclobenzaprine compound 120mg (dos 8/27/15): 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, Cyclobenzaprine (Flexeril).

Decision rationale: Retrospective Cyclobenzaprine compound 120mg (dos 8/27/15). The MTUS Chronic Pain Guidelines regarding topical analgesics state, "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants...). (Argoff, 2006) 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. "Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." The cited guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Failure of antidepressants for this injury was not specified in the records provided. Intolerance to oral medication was not specified in the records provided. In addition, cyclobenzaprine is not recommended by the cited guidelines for topical use as cited above because of the absence of high grade scientific evidence to support their effectiveness. The medical necessity of retrospective Cyclobenzaprine compound 120mg (dos 8/27/15) was not fully established for this patient. Therefore, the requested treatment is not medically necessary.