

Case Number:	CM15-0027794		
Date Assigned:	02/20/2015	Date of Injury:	04/28/2012
Decision Date:	03/31/2015	UR Denial Date:	01/17/2015
Priority:	Standard	Application Received:	02/13/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 57 year old female injured worker suffered and industrial injury on 4/28/2012. The diagnoses were chronic low back pain and lumbar radiculopathy to the left nerve roots. The treatments were medications, epidural steroid injections. The treating provider reported improvement with the epidural steroid injections with walking and standing. There was low back pain with giving out of the legs. On exam there was impaired gait with positive straight leg raise on the right and sensation was decreased on the let lower extremity. The Utilization Review Determination on 1/17/2015 non-certified Retrospective: Cyclobenzaprine/lidocaine dispensed on 12/02/2014, MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Cyclobenzaprine/lodpcaine dispensed on 12/02/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Pain section, Topical analgesics

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Cyclobenzaprine/Lidocaine (topical) December 2, 2014 is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Other than Lidoderm, no other commercially approved topical formulation of lidocaine with a cream, lotions or gels are indicated for neuropathic pain. The topical cyclobenzaprine is not recommended. In this case, the injured worker's working diagnoses are chronic low back pain; and lumbar radiculopathy affecting left L5 and S1 nerve roots. The documentation does not contain a clinical indication or rationale for topical Cyclobenzaprine/Lidocaine. The documentation doesn't indicate whether this is a lotion, cream or gel. Topical cyclobenzaprine is not recommended. Lidocaine in non-Lidoderm form is not recommended. Any compounded product that contains at least one drug (Cyclobenzaprine and Lidocaine-topical) that is not recommended is not recommended. Consequently, Cyclobenzaprine/Lidocaine topical is not recommended. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Cyclobenzaprine/Lidocaine (topical) December 2, 2014 is not medically necessary.