

Case Number:	CM15-0214966		
Date Assigned:	11/04/2015	Date of Injury:	10/17/2012
Decision Date:	12/15/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	11/02/2015

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: Arizona, 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:

The injured worker is a 52 () year old female, who sustained an industrial injury on 10-17-2012. The injured worker is being treated for L5-S1 herniated nucleus pulposus and lumbar radiculopathy. Treatment to date has included diagnostics including electrodiagnostic studies, medications, chiropractic therapy x 6 months, bracing, single point cane for ambulation and 2 transforaminal lumbar epidural steroid injections. Per the Primary Treating Physician's Progress Report dated 7-14-2015 the injured worker presented for follow-up regarding her low back and right lower extremity symptoms. She reports that her condition has remained stable since the last visit. A posterior spinal fusion with transforaminal lumbar interbody fusion has been authorized and scheduled. She last worked 10-17-2012. Objective findings included tenderness to palpation of the lumbar and thoracic spine with spasms in the lumbar spine. She has an antalgic gait and ambulates with a single point cane. There is not documentation of improvement in symptoms, increase in activities of daily living or decrease in pain level with the current treatment. The notes from the provider do not document efficacy of the prescribed medications. Work status was temporarily totally disabled. The plan of care included medications and follow-up care. Authorization was requested for Duloxetine DR #30, Tramadol-APAP 37.5-325mg, Cyclobenzaprine 7.5mg #30 and one container of CM4 - Capsaicin 0.05%-Cyclobenzaprine 4%. On 10-05-2015, Utilization Review non-certified the request for Cyclobenzaprine 7.5mg #30 and one container of CM4-Capsaicin 0.05%-Cyclobenzaprine 4%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective 30 tablets of Cyclobenzaprine 7.5mg (DOS 8/25/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

Decision rationale: According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril for a prolonged period without improvement in pain or function. Continued use of Flexeril (Cyclobenzaprine) is not medically necessary.

Retrospective one container of CM4 - Capsaicin 0.05% and Cyclobenzaprine 4% (DOS 8/25/2015): 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): Capsaicin, topical, Topical Analgesics.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical muscle relaxants such as Cyclobenzaprine are not recommended due to lack of evidence. In addition, topical Capsaicin is not more beneficial in doses greater than .025%. The claimant was also already on oral Cyclobenzaprine. The claimant was previously on topical Ketoprofen. Long-term use of topicals is not recommended. Since the compound above contains these topical medications, the Capsaicin 0.05% and Cyclobenzaprine 4% is not medically necessary.