

Case Number:	CM15-0032141		
Date Assigned:	02/25/2015	Date of Injury:	01/09/2014
Decision Date:	04/03/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/20/2015

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 31 year old female, who sustained a work related injury on 1/9/14. The diagnoses have included right shoulder tendonitis, lumbar spine pain with pain radiation to right leg, disc herniation, depression/anxiety and sleep disturbance. Treatments to date have included acupuncture treatments, chiropractic treatments, physical therapy, oral medications, MRI right shoulder dated 12/3/14 and home exercise program. In the PR-2 dated 1/14/15, the injured worker complains of right shoulder throbbing and clicking/popping. She rates this pain a 4/10. She complains of lumbar spine pain and throbbing. She rates this pain a 5/10. She has pain that radiates to the right knee. She has weakness and a complaint of the knee "giving out." She has increased pain with bending of knee. On 1/30/15, Utilization Review non-certified a request for Cyclobenzaprine HCl topical compound 60gm. The California MTUS, Chronic Pain Treatment Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine HCL Topical Compound 60gm per 01/15/15 RX: 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): 111-112.

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. Since the compound above contains Cyclobenzaprine, the compound in question is not medically necessary.