

Case Number:	CM15-0039040		
Date Assigned:	03/09/2015	Date of Injury:	03/31/2013
Decision Date:	04/13/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	03/02/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 52 year old male, who sustained an industrial injury on 3/31/2013. He reported pain in the low back, neck and head due to repetitive heavy physical labor. Because grease fell into his eyes he reported blurry vision and pain in his eyes. The injured worker was diagnosed as having lumbar sprain/strain, cephalgia, eye irritation, exposure to chemicals, and stress. Treatment to date has included lumbar shock wave therapy, acupuncture, specialist referrals, medications and modified activity. Per the most recent Primary Treating Physician's Progress Report dated 10/07/2014, the injured worker reported constant moderate neck aches, described as sore and tight with associated fatigue rated as 6. He also reported moderate eye pain described as uncomfortable and dry, and rated as a 7. He described moderate sore, tight, low back aches rated as a 7. Physical examination revealed cervical and lumbar pain with decreased range of motion. The plan of care included treatment with a pain management specialist, consultation with an orthopedic surgeon and an ophthalmologist, a psychosocial evaluation, continuation of shock wave therapy and continuation of medications. Authorization was requested on 1/26/2015 for Cyclobenzaprine/Dextromethorphan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dextromethorphan/Cyclobenzaprine (quantity unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Muscle relaxants (for pain) Page(s): 41-2, 60-1, 63-6, 111-13.

Decision rationale: Cyclobenzaprine-Dextromethorphan Cream is a combination product formulated for topical use. It is made up of cyclobenzaprine, a muscle relaxant and dextromethorphan, an antitussive. The use of topical agents to control pain is considered an option although it is considered largely experimental, as there is little to no research to support their use. The MTUS does not address the topical use of cyclobenzaprine specifically but notes that there is no evidence of effectiveness of any muscle relaxant as a topical product. When used systemically, cyclobenzaprine use should be brief (no more than 2-3 weeks) and not combined with other medications. The MTUS also does not address the topical use of dextromethorphan. Dextromethorphan acts as a N-methyl-D-aspartate (NMDA) receptor antagonist, that is, it acts on receptors found in nerve cells, thus blocking nerve impulses. There are no randomized controlled studies that show effectiveness of this combined product in patients with chronic pain. It is important to note the MTUS states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Since there are no acceptable scientific literature to support its use medical necessity for this medication has not been established.