

Case Number:	CM15-0040875		
Date Assigned:	03/11/2015	Date of Injury:	06/21/2007
Decision Date:	05/01/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	03/03/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 55 year old male, who sustained an industrial injury on June 21, 2007. He reported back pain. The injured worker was diagnosed as having status post cervical spine fusion and lumbar fusion "failed surgical syndrome", chronic pain syndrome, and right cervical 5 radiculopathy. Treatment to date has included MRI, urine drug screening, heat/ice, bracing, physical therapy, chiropractic therapy, electrical stimulation, behavior modification, massage therapy, trigger point injections, steroid injection, and pain, oral and topical muscle relaxant, topical compound cream, proton pump inhibitor, and steroid medications. On December 29, 2014, the injured worker complains of neck pain with numbness and tingling, low back pain with numbness, tingling, and throbbing; and right arm pain and numbness. The physical exam revealed decreased cervical range of motion on the right, a surgical scar overlying the anterior neck, and decreased sensation of the right cervical 5. The treatment plan includes an adjustment of his anti-epilepsy medication and refills of his current medications including oral and topical muscle relaxants.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: Cyclobenzaprine 10mg #60 DOS: 12/29/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63 - 66.

Decision rationale: The patient is a 55 year old male with an injury on 06/21/2007. He has chronic neck and chronic back pain despite cervical and lumbar fusion. Long-term treatment with muscle relaxants is not a MTUS recommended treatment. Muscles relaxants decrease mental and physical ability and do not improve pain relief when added to NSAIDS. Cyclobenzaprine, 60 tablets, is not medically necessary for this patient.

Retro: Cyclobenzaprine 10% cream #180 DOS: 12/29/2014: Upheld

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

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

Decision rationale: The patient is a 55 year old male with an injury on 06/21/2007. He has chronic neck and chronic back pain despite cervical and lumbar fusion. MTUS Chronic Pain guidelines note that topical analgesics are largely experimental as there are few randomized, controlled trials that document efficacy or safety. Cyclobenzaprine topical cream is not recommended as a topical analgesic and is not medically necessary for this patient.