

Case Number:	CM15-0046944		
Date Assigned:	03/19/2015	Date of Injury:	10/23/1997
Decision Date:	05/01/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/12/2015

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: Physical Medicine & Rehabilitation

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 44 year old female, who sustained an industrial injury on October 23, 1997. The injured worker was diagnosed as having cervical spine musculoligamentous sprain. Treatment to date has included massage therapy, heat/ice therapy, home exercise and medications. Currently, the injured worker complains of pain and tightness in the bilateral spine, spasms and radiation of pain to the thoracic area. She reports persistent numbness and tingling of both hands and rates her pain a 7 on a 10-point scale without medications. She reports that her medications reduce her symptoms by 60 percent. The recommended plan of care includes continuation of Soma, naproxen, Flurbiprofen topical medication and cyclobenzaprine topical compound medication. The evaluating physician notes that the topical medication is being used in order to reduce the systemic side effects of oral medications and reduce the use of analgesic medications. The plan of care also includes home exercise, heat/ice therapy, cervical spine pillow and wedge pill and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Muscle relaxants (for pain) Page(s): 29, 63-66.

Decision rationale: The patient presents on 01/09/15 with pain and tightness in the cervical spine bilaterally, rated 7/10. The patient's date of injury is 10/23/97. Patient has no documented surgical history directed at this complaint. The request is for SOMA 350MG #60. The RFA was not provided. Physical examination dated 01/09/15 reveals tenderness to palpation of the cervical spine, notes palpable spasms to the paravertebral musculature and trapezial musculature bilaterally. The patient is currently prescribed Cyclobenzaprine cream, Anaprox, and Soma. Diagnostic imaging was not included. Per 01/09/15 progress note, patient is advised to continue working. MTUS Chronic Pain Medical Treatment Guidelines, page 29 for Carisoprodol (Soma) states: Not recommended. This medication is not indicated for long-term use. MTUS Chronic Pain Medical Treatment Guidelines, page 63-66, for Muscle relaxants (for pain), under Carisoprodol (Soma, Soprodal 350, Vanadom, generic available) states: Neither of these formulations is recommended for longer than a 2 to 3 week period. In regard to the continuation of Soma, treater has exceeded guideline recommendations. While the patient reports improvement attributed to this medication, MTUS does not support the use of Soma for longer than 2-3 weeks. Progress notes indicate that this patient has been taking Soma since at least 10/03/14, exceeding guideline recommendations. Therefore, the request IS NOT medically necessary.

1 prescription of Cyclobenzaprine 10% topical cream: Upheld

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

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

Decision rationale: The patient presents on 01/09/15 with pain and tightness in the cervical spine bilaterally, rated 7/10. The patient's date of injury is 10/23/97. Patient has no documented surgical history directed at this complaint. The request is for 1 PRESCRIPTION OF CYCLOBENZAPRINE 10% TOPICAL CREAM. The RFA was not provided. Physical examination dated 01/09/15 reveals tenderness to palpation of the cervical spine, notes palpable spasms to the paravertebral musculature and trapezial musculature bilaterally. The patient is currently prescribed Cyclobenzaprine cream, Anaprox, and Soma. Diagnostic imaging was not included. Per 01/09/15 progress note, patient is advised to continue working. MTUS page 111 of the chronic pain section under Topical Analgesics has the following: "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug -or drug class- that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required." MTUS chronic pain medical treatment

guidelines, pages 111-113, for Topical Analgesics states: Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. MTUS states that Baclofen is not recommended and that There is no evidence for use of any other muscle relaxant as a topical product. In regard to the request for a cream containing Cyclobenzaprine; this medication is not supported for use as a topical agent. Guidelines specify that any cream, which contains an unsupported ingredient is not indicated. Therefore, the request IS NOT medically necessary.