

Case Number:	CM15-0053266		
Date Assigned:	03/26/2015	Date of Injury:	06/15/1998
Decision Date:	05/01/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/20/2015

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 42-year-old female, who sustained an industrial injury on 6/15/98. She reported back injury. The injured worker was diagnosed as having post laminectomy fusion lumbar spine with successful spinal cord stimulator implant and generator, lumbar radiculitis/neuritis and obesity. Treatment to date has included multiple spinal surgeries, physical therapy, oral medications and spinal cord simulator implant. Currently, the injured worker complains of constant lower back pain. The injured worker states her pain level has been greatly reduced since implantation of spinal cord stimulator, and she has weaned her meds to limited use of hydrocodone and occasional naproxen. Upon physical exam palpation of the right lumbar paraspinal musculature elicited modern pain and decreased range of motion due to pain. The treatment plan included reprogramming of stimulator, continuing naproxen and minimal use of hydrocodone and continuation of urine toxicology testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine/Lidocaine, provided on December 4, 2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 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 topical Cyclobenzaprine and the claimant had also been placed on other topical as well as oral analgesics, the compound Cyclobenzaprine/Lidocaine is not medically necessary