

Case Number:	CM15-0082841		
Date Assigned:	05/05/2015	Date of Injury:	11/03/2011
Decision Date:	06/17/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	04/30/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 44 year old female, who sustained an industrial injury on 11/3/11. The injured worker was diagnosed as having lumbar disc herniation at L5-S1, facet arthropathy of the lumbar spine, and sacroiliac joint dysfunction. Treatment to date has included 24 chiropractic treatments, 20 acupuncture treatments, a right sacroiliac joint injection on 1/16/13, bilateral medial bundle branch blocks at L5 and S1 on 12/4/13, and medications such as Lidopro cream. Physician's report dated 9/23/14 and 12/18/14 noted pain was noted to be 7-8/10. Currently, the injured worker complains of neck and back pain with radiation to the right lower extremity. The treating physician requested authorization for APAP (acetaminophen) with Codeine 300/30mg #60 and topical cream CM2 Cyclobenzaprine x 2.

IMR ISSUES, DECISIONS AND RATIONALES

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

CM2 Cyclobenzaprine, Qty 2: 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 9792.20 - 9792.26 Page(s): 111-113 of 127.

Decision rationale: Regarding the request for CM2 Cyclobenzaprine, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Muscle relaxants drugs are not supported by the CA MTUS for topical use. Within the documentation available for review, none of the above mentioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient, despite guideline recommendations. In light of the above issues, the currently requested CM2 Cyclobenzaprine is not medically necessary.