

Case Number:	CM14-0137031		
Date Assigned:	08/29/2014	Date of Injury:	12/05/2012
Decision Date:	09/30/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/21/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 29-year-old male who has submitted a claim for pain in ankle joint associated with an industrial injury date of 12/05/2012. Medical records from 2014 were reviewed. The patient complained of pain felt at the medial left ankle while walking. Patient was unable to walk on his left heel. Physical examination reveals patient ambulated with an antalgic gait and altered posture. Tenderness was noted along the paraspinal musculature. There was noted decreased sensation on the dorsomedial aspect of the left foot and medial aspect of the left heel. Patient had diffuse residual swelling in his left ankle. Treatment to date has included medications, physical therapy, and surgery. Utilization review, dated 07/24/2014, denied the request for Cyclobenzaprine Cream 60gm with 1 refill because Cyclobenzaprine as a topical muscle relaxant is not recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine cream 60gm with 1 refill: Upheld

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

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

Decision rationale: As noted on pages 111-113 in the CA MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. The use of Cyclobenzaprine as a topical muscle relaxant is not recommended. In this case, patient currently complains of left ankle pain. The medical records submitted did not state any prior use of topical Cyclobenzaprine before this request. However, as mentioned above, the use of topical Cyclobenzaprine is not recommended. There is no discussion concerning need for variance from the guidelines. Therefore, the request for Cyclobenzaprine Cream 60gm with 1 refill is not medically necessary.