

Case Number:	CM14-0145464		
Date Assigned:	09/12/2014	Date of Injury:	07/02/2005
Decision Date:	10/29/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	09/08/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 69-year-old man who sustained a work-related injury on July 2, 2005. Subsequently he developed chronic back pain. The according to a progress report dated on July 14, 2014, the patient was reported to have continuous back and neck pain. The neck pain is exacerbated with repetitive movements and prolonged positions. The patient reported increased numbness and tingling in both lower extremities. The pain severity was rated 8/10. The physical examination demonstrated lumbar tenderness with spasm and reduced range of motion. Straight leg raising was positive. The patient was diagnosed with cervical spondylosis and lumbar spine herniated disc. The patient was treated with tramadol, cyclobenzaprine, Xanax and topical analgesics. The provider requested authorization to continue to use topical analgesic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10%/Tramadol 10% 120gm #1: 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 Topical Analgesics Page(s): 111.

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no evidence that Cyclobenzaprine or any other compound of the topical analgesic is recommended as topical analgesics for chronic back pain. Cyclobenzaprine, a topical analgesic is not recommended by MTUS guidelines. Based on the above Cyclobenzaprine 10%/Tramadol 10% 120gm #1 is not medically necessary