

Case Number:	CM14-0213674		
Date Assigned:	12/31/2014	Date of Injury:	07/25/2014
Decision Date:	02/25/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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: Emergency 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:

Patient with reported date of injury on 7/25/2014. Mechanism of injury was not documented. Diagnosis include cervical spine sprains/strain with radicular symptoms, lumbar spine sprain/strain with sciatica and bilateral shoulder sprain/strain. Also has stress/anxiety and sleep problems. Medical reports reviewed. Last report available until 11/15/14. Patient complains of cervical spine, low back and bilateral shoulder pains. Pain to lumbar spine radiates to bilateral lower extremities. "Mild" improvement with chiropractic. Medications were reportedly refilled because they were "helpful". Objective exam was via a template checklist. It notes normal gait and stiffness. Tenderness to cervical, thoracic and lumbar and sacral pain bilaterally. Spasms to cervical spine bilaterally. Strength of arms and legs were normal. Straight leg bilaterally checked off as positive. EMG/NCV dated 12/8/14 was normal. Medications include Tramadol and Ibuprofen. No complete medication list was provided. Patient has reportedly undergone chiro, physical therapy and acupuncture. Independent Medical Review is for Cyclobenzaprine cream #60g with 1 refill. Prior Utilization Review on 11/26/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Meds x1: Cyclobenzaprine Cream 60gm each with 1 refill.: Upheld

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

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

Decision rationale: UR states that this is a compounded cream with 2 other components compounded with cyclobenzaprine. However, I was not able to find any note or prescription and will therefore only review this request as cyclobenzaprine cream. As per MTUS Chronic pain guidelines, topical compounded products are considered experimental with little evidence of efficacy. Cyclobenzaprine is an oral muscle relaxant. It is not FDA approved for topical application. MTUS guidelines do not recommend topical use. It is not medically recommended or appropriate. Cyclobenzaprine cream is not medically necessary.