MAXIMUS Federal Services

Case Number:	CM14-0217023		
Date Assigned:	01/06/2015	Date of Injury:	05/05/2013
Decision Date:	02/28/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/29/2014

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: New Jersey
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 worker is a 48 year old female who was injured on 5/5/13. She was diagnosed with carpal tunnel syndrome, cervical spine pain due to disc degeneration, overuse syndrome of the bilateral upper extremities, low back pain with radiculopathy secondary to spondylolisthesis, thoracic sprain/strain, crepitus of right knee, status post ankle sprain, status post right shoulder surgery, status post right foot fracture, and obesity. She was treated with physical therapy, medications, and epidural injections. On 11/24/14, the worker was seen by her primary treating physician, reporting improved low back pain since her recent lumbar epidural injection, but with persistent right leg radicular symptoms. She also reported continual cervical pain, rated 8/10 on the pain scale and with muscle stiffness. She also reported continual pain in her right knee, right hip, and right ankle. She was then recommended to have EMG/NCV testing for the right leg and bilateral upper extremities and was prescribed "Cyclo 2% cream."

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclo 2% cream: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. Topical muscle relaxants are not recommended due to the lack of supportive evidence for general use in patients with chronic pain. In the case of this worker, she was prescribed what appears to be cyclobenzaprine cream, which is a non-approved medication, according to the MTUS Guidelines. Therefore, the "Cyclo 2% cream" will be considered medically unnecessary.