

Case Number:	CM15-0017062		
Date Assigned:	02/04/2015	Date of Injury:	07/15/2013
Decision Date:	03/30/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/27/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 49 year old female, who sustained an industrial injury on July 15, 2013. The diagnoses have included cervical fusion, HNP cervical spine, and neural foraminal stenosis and facet arthropathy of cervical spine. A progress note dated November 20, 2014 the injured worker complained of neck pain rated 2-4/10 with persistent stiffness and aching. She has had a cervical rhizotomy that she reports caused a 40% reduction in pain and trigger point injections on November 19, 2014 leaving soreness at the site. Chiropractic has also helped. On December 19, 2014 utilization review modified a request for Cyclobenzaprine 7.5mg #60 and non-certified a request for CM4-CAPS 0.05% + CYCLO 4% . The Medical Treatment Utilization Schedule (MTUS) guidelines were utilized in the determination. Application for independent medical review (IMR) is dated December 24, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Antispasmodics Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: This patient presents with neck and right hand pain. The patient is status post right middle finger release from 10/06/2014. The treater is requesting CYCLOBENZAPRINE 7.5 MG #60. The RFA dated 11/14/2014 shows a request for #60 cyclobenzaprine 7.5 tablet. The patient's date of injury is from 09/05/2013 and her current work status is referred to primary treating physician. The MTUS guidelines page 64 on cyclobenzaprine states that it is recommended as a short course of therapy with limited mixed evidence not allowing for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and central nervous system depressant with similar effects to tricyclic antidepressants -amitriptyline-. This medication is not recommended to be used for longer than 2 to 3 weeks. The medical records show that the patient was prescribed cyclobenzaprine on 11/19/2014. The 12/19/2014 report notes, "She is currently taking Celebrex 200 mg 1 to 2 times per day, Flexeril 7.5 mg for stiffness about 3 to 4 times per week, and Tylenol as needed, now rarely. She denies side effects with these medications, and she takes this as needed. She says that with Flexeril, she has less neck stiffness, and can function better the following day." In this case, while the patient reports benefit while utilizing Flexeril, the MTUS Guidelines do not support the long-term use of cyclobenzaprine. The request IS NOT medically necessary.

CM4-CAPS 0.05% + CYCLO 4%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111 and 113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Compound Drugs

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

Decision rationale: This patient presents with neck and right hand pain. The patient is status post right middle finger release from 10/06/2014. The treater is requesting CM4-CAPS 0.05% + CYCLO 4%. The RFA dated 11/14/2014 shows a request for CM4-caps 0.05% plus cyclo 4%. The patient's date of injury is from 07/05/2013 and her current work status is referred to primary treating physician. The MTUS guidelines page 111 on topical analgesics states that it is largely experimental in use with few randomized controlled trials to determine efficacy or safety. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS further states, "Any compounded product that contains at least one drug -or drug class- that is not recommended is not recommended." The medical records do not show a history of use of this compound cream. Cyclobenzaprine is currently not supported in topical formulation based on the MTUS Guidelines. The request IS NOT medically necessary.