

Case Number:	CM15-0119444		
Date Assigned:	06/29/2015	Date of Injury:	08/07/2014
Decision Date:	08/28/2015	UR Denial Date:	05/23/2015
Priority:	Standard	Application Received:	06/22/2015

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: New York
 Certification(s)/Specialty: Pediatrics, Internal 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:

The 56 year old male injured worker suffered an industrial injury on 08/07/2014. The diagnoses included degenerative disc disease of the cervical spine, cervical facet arthropathy, cervical stenosis, and cervical radiculopathy, degenerative disc disease of the lumbar spine, radiculopathy and lumbar facet arthropathy. The diagnostics included electromyographic studies and cervical and lumbar magnetic resonance imaging. The injured worker had been treated with epidural steroid injections, medications and chiropractic therapy. On 5/19/2015 the treating provider reported neck pain rated 3/10 and lower back pain rated 5/10. The back pain radiated to the left lower extremity with reduced range of motion and impaired gait. The treatment plan included CM2-cyclobenzaprine topical compound cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

CM2-cyclobenzaprine topical compound cream: Upheld

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

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

Decision rationale: Topical analgesics are indicated for treatment of osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. They are recommended for short-term use. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Cyclobenzaprine is not FDA approved for topical use. This request is not medically necessary and appropriate.