

Case Number:	CM15-0124826		
Date Assigned:	07/09/2015	Date of Injury:	02/12/2014
Decision Date:	09/11/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/29/2015

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: Anesthesiology

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 60 year old male, who sustained an industrial injury on February 12, 2014. He reported mid and low back pain. The injured worker was diagnosed as having lumbar herniated nucleus pulposus with lumbar 4-5 moderate bilateral foraminal narrowing, lumbar facet arthropathy with magnetic resonance imaging (MRI) evidence of bilateral facet hypertrophy/arthropathy at lumbar 4-5 and lumbar 5-sacral 1 levels with probable lumbar 5 facet contusion, thoracic spine pain, lumbar spondylosis and left lumbar 5 facet contusion. Treatment to date has included diagnostic studies, chiropractic care, acupuncture therapy, transforaminal epidural steroid injection (TFESI), medications and work restrictions. Currently, the injured worker complains of mid and low back pain with pain, tingling and numbness radiating to the bilateral lower extremities. The injured worker reported an industrial injury in 2014, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. Evaluation on November 12, 2014, revealed continued pain. He reported some improvement with acupuncture therapy. Medications included Tylenol and topical gabapentin. Evaluation on April 3, 2015, revealed continued pain as noted. He reported he had received a TENS unit on February 3, 2015, during his last visit but was unsure if he was using it correctly. He rated his pain at 7-8/10 on a 1-10 scale with 10 being the worst. Tylenol and Gabapentin cream were continued. Evaluation on May 21, 2015, revealed continued pain as noted with associated symptoms. It was noted the current medications included Tylenol and topical creams. He reported worsened back pain compared to the previous visit and noted no improvement with previous acupuncture and chiropractic care. He rated his pain at an 8 on a 1-10 scale with 10 being the worst. He noted previous TFESI provided significant, short-term relief of low back pain. It was noted he had not worked since February 12, 2104. Cyclobenzaprine 5 percent #1 was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 5 percent #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

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

Decision rationale: According to the California MTUS Guidelines (2009), topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, muscle relaxants, local anesthetics or antidepressants. In this case, the requested topical agent is a muscle relaxant, Cyclobenzaprine 5% Cream. Cyclobenzaprine is not recommended as a topical agent, per CA MTUS guidelines. In this case, there was no documentation of trial and failure of antidepressant or anticonvulsant medication. Additionally, it was noted the injured worker had been using topical creams for many months without improvement in pain or function. Medical necessity for the requested topical medications is not established. The requested topical cream is not medically necessary.