

Case Number:	CM15-0128568		
Date Assigned:	07/15/2015	Date of Injury:	11/25/2013
Decision Date:	08/11/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	07/03/2015

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, Indiana, New York
 Certification(s)/Specialty: 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 injured worker is a 29 year old male, who sustained an industrial injury on November 25, 2013. He reported an onset of pain in his lower back. The injured worker was diagnosed as having thoracic and lumbar HNP's, thoracic stenosis and lumbar facet arthropathy. Treatment to date has included diagnostic studies, chiropractic treatment with good relief, medications, topical cream and trigger point injections and home exercises. On May 18, 2015, the injured worker complained of low back pain rated as between 4-5 and 6-7 on a 1-10 pain scale. He reported radiating numbness, tingling, cramping and weakness bilaterally to his toes that onsets with prolonged sitting, especially without back support. At the time of exam, he was utilizing gabapentin cream which was noted to help him relax and go to sleep. The treatment plan included medications and a follow-up visit. On June 12, 2015, Utilization Review non-certified the request for one prescription of topical compound CM2 Cyclobenzaprine 5 % RX # 156812 and one prescription of topical compound CM2 Cyclobenzaprine 5% RX # 156818, citing California MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Compound CM2 Cyclobenzaprine 5% with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, topical compound (CM 2) cyclobenzaprine 5% with one refill is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic pain. In this case, the injured worker's working diagnoses are thoracic and lumbar HNPs; thoracic stenosis; and lumbar facet arthropathy. The date of injury is November 25, 2013. The request for authorization is dated June 5, 2015. According to a progress note dated May 18, 2015, subjectively the injured worker has low back pain that radiates to the bilateral lower extremities 5/10. The injured worker takes Ultracet, Neurontin and gabapentin cream. Objectively, there is positive facet loading with decreased range of motion and tenderness to palpation over the facet joints. Topical cyclobenzaprine is not recommended. Any compounded product that contains at least one drug (topical cyclobenzaprine) that is not recommended is not recommended. There was no clinical rationale for the addition of cyclobenzaprine 5%. Consequently, topical compound (CM 2) cyclobenzaprine 5% is not recommended. Based on the clinical information in the medical record and peer-reviewed evidence-based guidelines, topical compound (CM 2) cyclobenzaprine 5% with one refill is not medically necessary.