

Case Number:	CM15-0176150		
Date Assigned:	09/17/2015	Date of Injury:	02/06/2012
Decision Date:	10/19/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	09/08/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 55 year old female, who sustained an industrial injury on 01-01-2007. The injured worker is currently off work per 05-29-2015 progress note. Medical records indicated that the injured worker is undergoing treatment for myalgia and myositis, internal derangement of the knee, and backache. Treatment and diagnostics to date has included epidurals, medial branch block, and medications. In the most recent progress note dated 05-29-2015, the injured worker reported total body pain (including mid back, low back and bilateral hips), chronic fatigue, and problems sleeping. Objective findings included trigger point tenderness with no new joint swelling and "normal neurological examination". The Utilization Review with a decision date of 08-11-2015 non-certified the request for Cyclobenzaprine 10%-Gabapentin 5%-Lidocaine 5%-Capsaicin 0.025%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10%/Gabapentin 5%/Lidocaine 5%/Capsaicin 0.025% 180gms: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The claimant has a history of a cumulative trauma work injury with date of injury in January 2007. She underwent a left medial meniscus repair in January 2014. When seen, she was having continued total body pain, chronic fatigue, and difficulty sleeping. Physical examination findings included a normal neurological examination and more than 12 positive tender point consistent with a diagnosis of fibromyalgia. Topical compounded cream was continued. Cyclobenzaprine is a muscle relaxant and there is no evidence for the use of any muscle relaxant as a topical product. Oral Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Its use as a topical product is not recommended. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. This medication was not medically necessary.