

Case Number:	CM15-0176277		
Date Assigned:	10/09/2015	Date of Injury:	08/03/2001
Decision Date:	11/23/2015	UR Denial Date:	08/18/2015
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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 59 year old male with an industrial injury dated 08-03-2001. A review of the medical records indicates that the injured worker is undergoing treatment for status post lumbar fusion L4-L5 and L5-S1 in 2002, herniated nucleus pulposus of the lumbar spine; lumbar radiculopathy left L4-L5, and lumbar facet arthropathy. According to the progress note dated 07-10-2015, the injured worker reported low back pain and lower extremity symptoms. Pain level was 5-6 out of 10 on a visual analog scale (VAS). Current medications include Norco and LidoPro cream. Objective findings (07-10-2015) revealed diffused tenderness in the lumbar paraspinals, left greater than right with spasms, decreased lumbar range of motion, decreased left L5 and S1 dermatomes and positive straight leg raises on the left. According to the progress note dated 08-03-2015, the injured worker reported ongoing low back pain with radiation to the groin and back to the buttocks. Pain level was 5-6 out of 10 on a visual analog scale (VAS). Current medications include Norco and Flexeril cream. The injured worker reported that the current pain medication regimen decrease pain from 7 out of 10 to 5 out of 10, increase activity and improves sleep. Objective findings (08-03-2015) revealed wearing lumbo-sacral orthosis (LSO) brace, mild tenderness to palpitation over the L3-5 spinous processes, tenderness over the lower lumbar spine, mild tender over the lumbar paraspinals bilaterally, decreased range of motion, positive straight leg raises on the left and decreased left patellar and Achilles reflex. Treatment has included Magnetic Resonance Imaging (MRI) of lumbar spine on 03-02-2015 & 08-07-2013, MRI of thoracic spine on 06-04-2015, anterior fusion L4-5 and L5-S1 (2002), bilateral medial branch block at L3-L4 (12-17-2013), transforaminal epidural steroid injection

(ESI) in (9-03-2013) with 20% relief, acupuncture therapy, physical therapy, chiropractic therapy, prescribed medications, vitamin injections and periodic follow up visits. The treatment plan included medication management and follow up visit. The treating physician prescribed unknown prescription of Flexeril cream. The utilization review dated 08-13-2015, non-certified the request for Unknown prescription of Flexeril cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown prescription of Flexeril cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: Per MTUS CPMTG p113, "There is no evidence for use of any other muscle relaxant as a topical product. [besides baclofen, which is also not recommended]" Cyclo-benzaprine is not indicated. The MTUS Chronic Pain Medical Treatment Guidelines state that topical medications are "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, a-adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The request is not medically necessary.