

Case Number:	CM15-0067642		
Date Assigned:	04/15/2015	Date of Injury:	06/22/2007
Decision Date:	05/18/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	04/09/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 39-year-old male who sustained an industrial injury on 6/22/2007. His diagnoses include: knee pain (versus bilateral knee); left hip pain; ankle and foot pain (versus bilateral ankle and foot); muscle pain; chronic pain syndrome; low back pain; sacroiliac joint pain; and depression secondary to chronic pain. No current magnetic resonance imaging studies are noted. His treatments have included chiropractic treatments; home exercise program; rest from work; and medication management. The progress notes of 1/30/2015 included complaints of low back and bilateral knee and foot pain, unchanged; that she exercises less due to being in school; and that she has been using Flexeril, as needed, for acute flare-ups of spasms, and uses Tylenol #3, on occasion, for severe pain. The physician's requests for treatments include Cyclobenzaprine for muscle spasms, and topical analgesic cream for lower leg joint pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg QTY: 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

Decision rationale: The injured worker sustained a work related injury on 6/22/2007. The medical records provided indicate the diagnosis of knee pain (versus bilateral knee); left hip pain; ankle and foot pain (versus bilateral ankle and foot); muscle pain; chronic pain syndrome; low back pain; sacroiliac joint pain; and depression secondary to chronic pain. No current magnetic resonance imaging studies are noted. His treatments have included chiropractic treatments; home exercise program; rest from work; and medication management. The medical records provided for review do not indicate a medical necessity for Cyclobenzaprine 7.5mg QTY: 60. Cyclobenzaprine is a muscle relaxant. The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic Low back pain. Cyclobenzaprine is recommended to be taken as 5-10 mg three times a day for no longer than 2-3 weeks. The records indicate the injured worker had been using various types of muscle relaxants prior to this time.

Topical Compound Cream (Active ingredients: Capsaicin, Lidocain, Methylsalicylate, & DMSO) 120gm with 1 refill for pain in joint and lower leg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

Decision rationale: The injured worker sustained a work related injury on 6/22/2007. The medical records provided indicate the diagnosis of knee pain (versus bilateral knee); left hip pain; ankle and foot pain (versus bilateral ankle and foot); muscle pain; chronic pain syndrome; low back pain; sacroiliac joint pain; and depression secondary to chronic pain. No current magnetic resonance imaging studies are noted. His treatments have included chiropractic treatments; home exercise program; rest from work; and medication management. The medical records provided for review do not indicate a medical necessity for Topical Compound Cream (Active ingredients: Capsaicin, Lidocain, Methylsalicylate, & DMSO) 120gm with 1 refill for pain in joint and lower leg. The topical analgesics are largely experimental drugs primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS recommends against the use of any compounded product that contains at least one drug (or drug class) that is not recommended. Therefore, the requested treatment is not medically necessary due to the presence of Lidocaine and DMSO (though, Lidocaine is recommended, it is only the Lidoderm patch formulation that is recommended).