

Case Number:	CM15-0076744		
Date Assigned:	04/28/2015	Date of Injury:	03/14/2013
Decision Date:	05/28/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/21/2015

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, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 61 year old female patient who sustained an industrial injury on 3/14/13. Diagnoses include lumbar disc syndrome, left hip bursitis and lumbar radiculopathy. She sustained the injury due to slipped and fell and landed on the back. Per the doctor's note dated 3/17/2015, she had complaints of low back and leg pain. Physical examination revealed spasms and tenderness over the lumbar musculature, range of motion restricted and leg raise test positive on the left. The medications list includes metformin, glymepride, januvia, fexmid, nalfon, paxil, prilosec, ultram and topical cream. She has had EMG/NCS dated 11/18/2014 and lumbar MRI dated 10/23/2013 which revealed disc protrusion at L4-5 and L5-S1; MRI lumbar spine dated 3/13/2015 which revealed mild bulge L2 through L4 and T12-L1, subtle central protrusion at L5-S1. She has had physical therapy and chiropractic care for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid (cyclobenzaprine) 7.5mg QTY: 120.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available) Page(s): 64.

Decision rationale: Fexmid (cyclobenzaprine) 7.5mg QTY: 120.00 Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. According to California MTUS, Chronic pain medical treatment guidelines, Cyclobenzaprine is "recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects. It has a central mechanism of action, but it is not effective in treating spasticity from cerebral palsy or spinal cord disease." According to the records provided patient has low back and leg pain. He has significant objective findings- tenderness, spasm and restricted range of motion. She has diagnostic studies with abnormal findings. Therefore, the patient has chronic pain with significant objective exam findings. According to the cited guidelines, cyclobenzaprine is recommended for short-term therapy. Short term or prn use of fexmid in this patient for acute exacerbations would be considered reasonable appropriate and necessary. The request for Fexmid (cyclobenzaprine) 7.5mg QTY: 120.00 is medically appropriate and necessary to use as prn during acute exacerbations.

Cyclobenzaprine 10%-Tramadol 10% topical cream 15gm QTY 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pages 111-113 Cyclobenzaprine is a muscle relaxant.

Decision rationale: Cyclobenzaprine 10%-Tramadol 10% topical cream 15gm QTY 1.00. The cited Guidelines regarding topical analgesics state, 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. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants). (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. Topical NSAIDs- There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." The cited guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Failure of antidepressants and anticonvulsants for this injury is not specified in the records provided. Intolerance to oral medication is not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Cyclobenzaprine is not recommended by the cited guidelines for topical use as cited below because of the absence of high-grade scientific evidence to support effectiveness. The

medical necessity of Cyclobenzaprine 10%-Tramadol 10% topical cream 15gm QTY 1.00 is not fully established for this patient. The request is not medically necessary.