

Case Number:	CM15-0077742		
Date Assigned:	04/29/2015	Date of Injury:	07/05/2000
Decision Date:	05/29/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/23/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 62 year old female, who sustained an industrial injury on 7/5/2000. The mechanism of injury is not indicated. . The injured worker was diagnosed as having cervical thoracic strain/arthrosis with central foraminal stenosis and resultant cephalgia, lateral shoulder impingement syndrome with right shoulder partial thickness rotator cuff tear, right elbow lateral epicondylitis, left elbow medial epicondylitis, bilateral hand and wrist sprain/strain, thoracic disc protrusion, and lumbar spine discopathy. Treatment to date has included medications, and home exercises. The request is for EnovaRX-Cyclobenzaprine 2% topical. On 3/16/2015, she complained of low back pain with tingling down the left leg. She defers any aggressive treatment including injections and surgery. She stated she was just in for a medication refill. The treatment plan included: follow up in 3 months, refill of biofreeze cream and Cyclobenzaprine cream, and continue home exercises. There are no other medical records available for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective EnovaRX-Cylcobenzaprine 2% Topical with 2 refills: 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 Page(s): 111, 113.

Decision rationale: Guidelines state that topical agents are largely experimental and that any compounded product that contains at least one drug that is not recommended is not recommended. There is no evidence for use of any muscle relaxant as a topical product. The request for EnovaRX-Cyclobenzaprine 2% is not medically appropriate and necessary.