

Case Number:	CM15-0097867		
Date Assigned:	05/29/2015	Date of Injury:	10/29/2014
Decision Date:	07/03/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/21/2015

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: 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:

The injured worker is a 58-year-old male, who sustained an industrial injury on 11/29/14. He reported a pop in lower back while moving bundles of wood. The injured worker was diagnosed as having lumbar sprain/strain and lumbar radiculopathy. Treatment to date has included oral medications including opioids and activity restrictions. Currently, the injured worker complains of burning pain rated 6/10 in lower back with radiating numbness and pain traveling down both lower extremities to calves. He is currently partially disabled. Physical exam noted restricted range of motion of lumbar spine with tenderness to palpation of bilateral paraspinals and decreased sensation of left L3, L5 and S1 dermatomes. Request for authorization was submitted for Cyclobenzaprine, tramadol, CM4 caps, (EMG) Electromyogram/ (NCS) Nerve Condition Velocity, chiropractic therapy and general surgery follow-ups.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Muscle relaxants Page(s): 41, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Cyclobenzaprine Page(s): 63-66, 41.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as an option, using a short course of therapy. References state that Cyclobenzaprine is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Chronic use of muscle relaxants is not supported and as such, the request for Cyclobenzaprine 7.5mg #60 is not medically necessary and appropriate.

CM4 caps 0.05%, Cyclobenzaprine 4% #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 110-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines state that there is little to no research to support the use of many these agents. Specifically, the MTUS guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The MTUS guidelines state that muscle relaxants are not supported in a topical application. The request for CM4 caps 0.05%, Cyclobenzaprine 4% #1 is not medically necessary and appropriate.