

<b>Case Number:</b>	CM15-0098415		
<b>Date Assigned:</b>	05/29/2015	<b>Date of Injury:</b>	04/20/2013
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	04/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Physical Medicine & Rehabilitation

### 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 48-year-old female who sustained an industrial injury on 04/20/13. Initial complaints and diagnoses are not available. Treatments to date include medications including gabapentin, Prilosec, Zofran, and capsaicin cream, as well as acupuncture, a thoracic epidural steroid injection, ice, and a Toradol injection. Diagnostic studies include a MRI of the lumbar spine and an electrodiagnostic study of the left lower extremity. Current complaints include low back pain. Current diagnoses include lumbar herniated nucleus pulposus, and lumbar radiculopathy. In a progress note dated 03/31/15 the treating provider reports the plan of care as additional acupuncture, medications including gabapentin, flexeril cream, Prilosec, and Zofran, as well as a Neurology consultation. The requested treatments include cyclobenzaprine cream and a pain management follow-up.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine cream:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics.

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

**Decision rationale:** The 48-year-old patient complains of pain in lower back and left lower extremity, rated at 7-9/10, as per progress report dated 04/20/15. The request is for PROSPECTIVE USAGE OF CYCLOBENZAPRINE CREAM. There is no RFA for the case, and the patient's date of injury is 04/20/13. Diagnoses, as per progress report dated 04/20/15, included lumbar HNP, lumbar radiculopathy, and possible intradiscal injury of cervical and thoracic spine. Medications included Neurontin, Advil, Capsaicin ointment, Prilosec and Zofran. The patient is temporarily partially disabled, as per the same progress report. Regarding topical analgesics, MTUS guidelines on page 111, state that there is no evidence for use of any muscle relaxants such as cyclobenzaprine as a topical product. In this case, a prescription for cyclobenzaprine cream is noted in progress report dated 03/31/15. The treater is recommending a trial because the patient "wants to try a different game at this time." MTUS, however, does not support the use of cyclobenzaprine in topical formulations due to lack of evidence. Hence, the request IS NOT medically necessary.

**Follow up evaluation with a pain management specialist (lumbar):** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation, Pain Procedure Summary Online Version last updated 04/06/2015.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints Page(s): 8-9.

**Decision rationale:** The 48-year-old patient complains of pain in lower back and left lower extremity, rated at 7-9/10, as per progress report dated 04/20/15. The request is for FOLLOW-UP EVALUATION WITH A PAIN MANAGEMENT SPECIALIST (LUMBAR). There is no RFA for the case, and the patient's date of injury is 04/20/13. Diagnoses, as per progress report dated 04/20/15, included lumbar HNP, lumbar radiculopathy, and possible intradiscal injury of cervical and thoracic spine. Medications included Neurontin, Advil Capsaicin ointment, Prilosec and Zofran. The patient is temporarily partially disabled, as per the same progress report. Regarding follow-up visits, MTUS guidelines page 8 states that the treater must monitor the patient and provide appropriate treatment recommendations. In this case, a request for follow-up with pain management specialist is noted in progress report dated 01/21/15, which appears to be from the orthopedician. The treater states that the follow-up is for "interventional pain management as well as medication management." Given the patient's symptoms, the request is reasonable and IS medically necessary.