

Case Number:	CM14-0143358		
Date Assigned:	09/10/2014	Date of Injury:	10/25/2013
Decision Date:	10/15/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/04/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 45-year-old female who reported an injury on 10/25/2013; while performing her customary duties, she was on a bed frame removing from a picture from the wall when she fell 2.5 feet onto the buttocks. The injured worker complained of lower back pain. The injured worker had diagnoses of lumbar sprain/strain, lumbar spine referred pain, and myospasm. The diagnostics included an MRI of the lumbar spine that revealed a disc desiccation and moderate decreased disc height at L2-3 with mild central spinal canal stenosis. The prior treatments included rest, medication, acupuncture, and physical therapy. The physical examination dated 07/16/2014 of the lumbar spine revealed abnormal spinal curvature, a negative Trendelenburg, palpation over the paraspinous ligaments from L4 to the sacrum, over the erector spinae muscles bilaterally, with elicited pain. No paralumbar muscle spasms appreciated, but muscle guarding was noted. The range of motion to the lumbar spine revealed flexion 50 degrees and extension 10 degrees. The motor strength was 5/5 bilaterally. Deep tendon reflexes revealed to the patella was 2- to 3+ to the right, and 2- to 2+ to the left; Achilles was 2+ the right and 2+ to the left. Sensation to pinwheel sharp/dull differentiation was abnormal in the left lower extremity. Sensation to pinwheel differentiation was normal to the right lower extremity. The injured worker rated his pain as 6/10 to 7/10 using the VAS. The medications included Naproxen and Robaxin. The treatment plan included a topical agent, evaluation in 4 weeks. The Request for Authorization dated 09/18/2014 was submitted with documentation. The rationale for EnovaRX-Cyclobenzaprine 2% cream was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

EnovaRX-Cyclobenzaprine 2% cream (Topical cream): 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 Cyclobenzaprine Page(s): 41.

Decision rationale: The request for EnovaRX-Cyclobenzaprine 2% cream (Topical cream) is not medically necessary. The California MTUS indicate that Cyclobenzaprine (Flexeril) is recommended for a short course of therapy. This medication is not recommended to be used for longer than 2-3 weeks. The addition of cyclobenzaprine to other agents is not recommended. They do not recommend the topical use of Cyclobenzaprine as topical muscle relaxants as there is no evidence for use of any other muscle relaxant as a topical product. The guidelines do not recommend the use of cyclobenzaprine as a topical muscle relaxant. The request did not indicate or address the frequency, duration, or dosage. As such, the request is not medically necessary.