

Case Number:	CM13-0013144		
Date Assigned:	06/20/2014	Date of Injury:	05/19/2008
Decision Date:	08/25/2014	UR Denial Date:	07/18/2013
Priority:	Standard	Application Received:	08/19/2013

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 Occupational Medicine, has a subspecialty in Preventive Medicine and is licensed to practice in California. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain, neck pain, and hypertension reportedly associated with an industrial injury of May 19, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; topical compounds; unspecified amounts of physical therapy; and unspecified amounts of acupuncture. In a Utilization Review Report dated July 18, 2013, the claims administrator failed to approve a request for cyclobenzaprine-containing cream. The applicant's attorney subsequently appealed. In a handwritten progress note dated June 12, 2013, the applicant apparently presented with multifocal shoulder, elbow, wrist, and spine pain. The note was extremely difficult to follow. The applicant was apparently using enalapril for hypertension. Acupuncture was sought. The applicant's complete medication list was not attached. In a handwritten note of April 17, 2013, again difficult to follow, not entirely legible, the applicant was apparently using enalapril, Norvasc, and Cozaar for hypertension. The applicant was asked to continue some topical compounded creams, including a ketoprofen-containing cream. The note was extremely difficult to follow and was not entirely legible. On April 17, 2013, the applicant was issued prescription for a cyclobenzaprine-containing topical compounded cream, a ketoprofen-containing topical compounded cream, and a tramadol-containing topical compounded cream. No narrative rationale or narrative commentary was attached to the prescription, which employed preprinted checkboxes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective usage of 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 Analgesics topic Page(s): 111-113.

Decision rationale: As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as cyclobenzaprine are not recommended for topical compound formulation purposes. Since one or more ingredients in the compound is not recommended, the entire compound is considered not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. In this case, it is further noted that the attending provider's commentary was sparse, handwritten, difficult to follow, not entirely legible, and did not provide any applicant-specific rationale or medical evidence which would offset the unfavorable MTUS recommendation. Therefore, the request is not medically necessary and appropriate.