

Case Number:	CM13-0049451		
Date Assigned:	12/27/2013	Date of Injury:	07/26/2006
Decision Date:	02/26/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/08/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery 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 physician 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:

This 66-year-old claimant was injured on 07/26/06. She has been treated for neck pain. A compounded pain cream to include Flurbiprofen, Tramadol, Clonidine, Cyclobenzaprine, and Bicyclanil was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbipro/Tramadol/Clonidine/Clobenz/Bupiva 30 day supply QTY: 360, 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

Decision rationale: The aforementioned compounded pain cream cannot be certified in upon this case based on the California MTUS Guidelines. California MTUS Guidelines specifically state that these types of compounded pain creams are largely experimental in use and the compounded product that contains at least one that is not recommended is not recommended. In this case, California MTUS Chronic Pain Treatment Guidelines section on topical agents, specifically states that there is no evidence for use of any muscle relaxant as a topical product. As this compound contains Cyclobenzaprine, it cannot be certified in this case.

