

Case Number:	CM13-0054170		
Date Assigned:	12/30/2013	Date of Injury:	11/08/2008
Decision Date:	03/21/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	11/19/2013

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 Pain Management, 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 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:

The patient is a 59 year old female who reported injury on 11/08/2008. The mechanism of injury was noted to be the patient jumped over a puddle and had pain. The patient was treated with medications, activity modification, therapy, right knee surgery, and acupuncture. The recent office note indicated the patient had complaints of burning, radicular neck pain and spasms. The pain was constant. The patient was noted to have an open reduction and internal fixation of the right elbow. The patient indicated the symptoms persisted but the medications offered temporary relief of pain and improved the patient's ability to have a restful sleep. The patient denied problems with medications and the pain was noted to be alleviated by activity restrictions. The request was made for compounded Cyclophene and a course of physiotherapy and chiropractic treatment for the affected body parts. The patient's diagnoses were noted to include cervical spine pain, cervical spine radiculopathy, history of fracture of the right elbow, status post ORIF of the right elbow with residual pain, bilateral wrist carpal tunnel syndrome, lumbar spine pain and radiculopathy, knee pain, and anxiety and mood disorders. The patient had decreased sensation to pin prick and light touch over the L4, L5, and S1 dermatomes in the bilateral lower extremities. The patient's tripod, flip test, and Lasgue's differential test were bilaterally positive. The patient's sensory response in the bilateral upper extremities was noted to be diminished to pin prick and light touch over C5, C6, and C7 dermatomes, and along the course of the median nerve distribution in the bilateral upper extremities. The patient was noted, additionally, to have bilateral positive results for the Tinel's, Phalen's, and flicker test. Additionally, the patient had a positive Spurling's test, cervical distraction, and cervical compression test bilaterally. The patient was noted to have decreased range of motion in the cervical spine and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compounded Cyclophene 5% in PLO gel 120gms: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Cyclobenzaprine Page(s): 111, 113.

Decision rationale: California MTUS indicates topical analgesics are experimental in use with few randomized controlled trials to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anti-convulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. California MTUS Guidelines do not recommend the topical use of cyclobenzaprine as a topical muscle relaxant as there is no evidence for use of any other muscle relaxant as a topical product. The clinical documentation submitted for review failed to provide the objective functional benefit from the medication as it was indicated the patient's symptoms persisted but medications offered a temporary relief of pain and improved the patient's ability for sleep. Given the above and the lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations, the request for Compounded Cyclophene 5% in PLO gel 120gms is not medically necessary.