

Case Number:	CM14-0011424		
Date Assigned:	02/21/2014	Date of Injury:	07/26/2006
Decision Date:	07/24/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	01/28/2014

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 Occupational 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 patient is a 67-year-old female who has submitted a claim for cervical disc displacement, chronic neck pain, chronic upper extremity pain, chronic shoulder pain, GERD and bipolar disorder, associated with an industrial injury date of July 26, 2006. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of neck pain radiating down to both shoulders and the left arm. The pain in the left arm would travel down the posterolateral aspect down to the wrist, and fingers. Physical examination revealed palpable paravertebral spasms bilaterally. Straight leg raise test was negative bilaterally. Gait was non-antalgic. No pathologic reflexes were noted. There were no assistive devices used for walking. The patient was able to sit for 15 minutes without any limitations or evidence of pain. The patient had somewhat flat affect. The patient made good eye contact. Judgment was good. No pressured speech, flight of ideas, auditory or visual hallucinations were expressed. Treatment to date has included behavioral management, yoga, trigger point injections, analgesic medications, adjuvant medications, muscle relaxants, and topical compounds. Utilization review from January 28, 2014 denied the request for compound cream #3 (Flurbipro/Tramadol/Clonidine/Cyclobenzaprine/Bupiva Day Supply: 30 Qty: 360 Refills: 2) because topical formulations containing muscle relaxants are not recommended by the California MTUS guidelines as there is no evidence for usage of any muscle relaxants as a topical product. Since one or more ingredients in the topical compound carry unfavorable recommendations, the entire compound is considered to carry an unfavorable recommendation and not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUND CREAM #3

(FLURBIPRO/TRAMADOL/CLONIDINE/CYCLOBENZ/BUPIVA DAY SUPPLY: THIRTY (30) QTY:360 REFILLS:TWO (2)): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS, 113

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

Decision rationale: According to pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. There is no evidence for use of Cyclobenzaprine as a topical product. Tramadol is indicated for moderate to severe pain, but is likewise not recommended for topical use. Guidelines do not support the use of both opioid medications and gabapentin in a topical formulation. Topical compound contained Flurbiprofen (NSAID), Cyclobenzaprine (muscle relaxant), Bupivacaine (anesthetic), Clonidine (a-adrenergic agonist), and Tramadol (analgesic). In this case, the patient has been on a topical compounded product since August 2013. Compounded products were prescribed as adjuvant therapy for oral medications. However, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The compounded product as stated above contained components that are not recommended for topical application. There was no discussion concerning need for variance from the guidelines. Therefore, the request for compound cream #3 (flurbipro/tramadol/clonidine/cyclobenz/bupiva day supply: thirty (30) qty:360 refills:two (2) is not medically necessary.