

Case Number:	CM14-0110950		
Date Assigned:	08/01/2014	Date of Injury:	10/02/2005
Decision Date:	10/06/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/16/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 53 year-old individual was reportedly injured on 10/2/2005. Although the medical records available were reviewed thoroughly, the mechanism of injury was not listed. The most recent progress note, dated 5/7/2014 indicates that there are ongoing complaints of neck pain, bilateral shoulder pain, and thoracic spine pain. No orthopedic physical examination was performed on the status service. No recent diagnostic studies are available for review. Previous treatment includes acupuncture, medications, and conservative treatment. A request had been made for Cycloketolido cream 240 mg, Amitramadol cream 240 gm and was not certified in the pre-authorization process on 6/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cycloketolido cream 240 mg; apply twice a day as needed refill 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Other muscle relaxants Page(s): 111. Decision based on Non-MTUS Citation Argoff, C. E. (2013, February), Topical analgesics in the management of acute and chronic pain, in the Mayo Clinic Proceedings (vol.88, No. 2, pp. 195-205), Elsevier

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

Decision rationale: MTUS guidelines state that topical analgesics are "largely experimental" and that "any compound product that contains at least one drug (or drug class) that is not recommended, is not recommended." Additionally, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As such, this request is not considered medically necessary.

Amitramadol cream 240 gm; apply twice a day as needed refill 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Other muscle relaxants. Decision based on Non-MTUS Citation Argoff, C. E. (2013, February), Topical analgesics in the management of acute and chronic pain, in the Mayo Clinic Proceedings (vol.88, No. 2, pp. 195-205), Elsevier

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

Decision rationale: MTUS guidelines state that topical analgesics are "largely experimental" and that "any compound product that contains at least one drug (or drug class) that is not recommended, is not recommended." Additionally, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As such, this request is not considered medically necessary.