

Case Number:	CM14-0153233		
Date Assigned:	09/23/2014	Date of Injury:	04/01/2012
Decision Date:	11/14/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/18/2014

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 Alabama, New York, and Maryland. 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:

Patient is a 46-year-old right hand dominant female who sustained cumulative trauma from 2011 to 2012 which resulted pain in her right hand. She was evaluated, underwent X-rays and prescribed pain medications. She underwent a right middle finger release later in 2012; she then went back to work but could not perform her regular and customary work duties. Her pain is interfering with the activities of her daily living. The provider has submitted a prospective request for one prescription of cyclobenzaprine 2%, tramadol 10%, and flubriprofen 20%.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Cyclobenzaprine 2%, Tramadol 10%, Flurbiprofen 20%, #210gm:
Upheld

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

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

Decision rationale: The CA CPMT guidelines state that topical anesthetic ointments are primarily recommended for patients with neuropathic pain when they have had a failure of pain relief with antidepressants and anticonvulsants. The guidelines also state that if at least one

component in the requested ointment is not supported, the entire compound is therefore not recommended. The guidelines specify that non-steroidal anti-inflammatory drugs (NSAIDs), such as flurbiprofen, may be used as a topical analgesic for patients with osteoarthritis or tendinitis. Regarding muscle relaxants, such as cyclobenzaprine, evidence based guidelines do not support topical use. Regarding tramadol, there is a lack of evidence based scientific medical literature supporting the efficacy and safety of topical use. This patient is being treated for signs and symptoms of carpal tunnel syndrome; therefore, the use of a muscle relaxant such as cyclobenzaprine, which is a part of this topical analgesic, is not recommended. Furthermore, there is a lack of literature supporting the safety and efficacy of topical opioids including tramadol, which is another component of this compound cream. Based on the guidelines and the medical records, this request is not medically appropriate.