

Case Number:	CM14-0157810		
Date Assigned:	10/01/2014	Date of Injury:	05/05/2013
Decision Date:	11/25/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/25/2014

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:

Patient is a 51 year-old female with date of injury 05/05/2013. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 07/25/2014, lists subjective complaints as neck pain with radicular symptoms down the left arm to the middle finger. Objective findings: Examination of the cervical spine revealed tenderness to palpation at the sub occipital region as well as over both scalene and trapezius muscles. Range of motion was decreased in all planes due to pain. Sensation to pinprick and light touch was intact over C5, C6, C7, C8, and T1 dermatomes in the bilateral upper extremities. Motor strength was decreased secondary to pain. Deep tendon reflexes were 2+ and symmetrical. Diagnosis: 1. Cervicalgia 2. Cervical radiculopathy 3. Left hand pain 4. Left middle finger crush injury 5. Stress disorder 6. Anxiety 7. Mood disorder 8. Sleep disorder 9. Psychosexual dysfunction. The medical records supplied for review document that the patient had not been prescribed the following medications before the date of the request for authorization on 07/25/2014. Medications: 1. Cyclobenzaprine 2%, Gabapentin 15%, Amitriptyline 10%, 180 grams 2. Cyclobenzaprine 2%, Flurbiprofen 25%, 180 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 2%, Gabapentin 15%, Amitriptyline 10% 180 grams: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 111-113.

Decision rationale: According to the MTUS, there is little to no research to support the use of many of these Compounded Topical Analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no evidence for use of any muscle relaxant as a topical product.

Cyclobenzaprine 2%, Flurbiprofen 25% 180 grams: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 111-113.

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