

Case Number:	CM14-0159682		
Date Assigned:	10/03/2014	Date of Injury:	05/08/2014
Decision Date:	12/03/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/29/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Connecticut. 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:

After careful review of the medical records, this is a 39-year-old female with complaints of pain in the left hand, left wrist, neck and left shoulder. The date of injury is 05/08/14 and the mechanism of injury is repetitive motion of cutting broccoli and pulling them out of the ground. At the time of request for compound, cyclobenzaprine 2%, tramadol 10%, flurbiprofen 180 gm, there is subjective complaints as per the report of 07/17/14 (neck pain radiating to the left shoulder, left elbow, left wrist and hand with numbness and tingling) and objective (painful C-spine ROM, cervical compression, and pain with Spurling's and foraminal compression, painful left elbow ROM, dermatomes in the left forearm decreased C5-6, weakness at elbow for table lift test, painful left wrist ROM, and tenderness to palpation of the palmar aspect of the left hand.), imaging/other findings (normal x-rays of unknown body parts as per the PR2 dated 07/14/14 and positive EMG studies of left hand dated 06/17/14.), diagnoses (rule out cervical disc protrusion, rule out cervical radiculitis versus radiculopathy, left shoulder pain, left elbow dysfunction, and sprain of left hand.) and treatment to date (topical analgesic creams, infrared, manual therapy, acupuncture with and without electrical stimulation, medications, wrist splint, and myofascial release/soft tissue.) According to the CA MTUS guidelines, topical analgesics are an option with specific indications, 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 and they are largely experimental. According to the guidelines, tramadol and cyclobenzaprine are not recommended for topical application. There is no peer-reviewed literature to support their use. Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request for Compound: Cyclobenzaprine 2%, Tramadol 10%, Flurbiprofen 180 gm was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound: Cyclobenzaprine 2%, Tramadol 10%, Flurbiprofen 180 gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

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

Decision rationale: According to the CA MTUS guidelines, topical analgesics are an option with specific indications, 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 and they are largely experimental. According to the guidelines, tramadol and cyclobenzaprine are not recommended for topical application. There is no peer-reviewed literature to support their use. Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request is not medically necessary according to the guidelines.