

Case Number:	CM14-0173657		
Date Assigned:	10/24/2014	Date of Injury:	07/31/2014
Decision Date:	12/04/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/21/2014

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 Pain Management, has a subspecialty in Interventional Spine 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 62-year-old male with a date of injury of 07/31/2014. The listed diagnoses per [REDACTED] are: 1.Cervical sprain/strain.2.Bilateral shoulder sprain/strain with impingement.3.Right elbow sprain/strain.4.Lumbar sprain/strain with radiculitis.5.Right hip sprain/strain.6.Right knee sprain/strain with effusion.7.Right knee lateral meniscus tear.8.Myospasms.9.According to progress report 09/25/2014, the patient presents with neck, bilateral shoulder, low back, and right knee pain. Examination of the lumbar spine revealed tenderness to palpation with spasm of the paraspinals bilaterally. There is also tenderness to palpation over the right sacroiliac. Examination of the shoulders revealed tenderness to palpation in the right glenohumeral joint. Examination of the hips/thighs revealed tenderness to palpation over the right greater trochanter and decreased range of motion. The treating physician is requesting refills of topical compound creams. Utilization Review denied the request on 10/09/2014. Treatment reports from 08/01/2014 through 09/25/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 transdermal compound cream (Flurbiprofen 20%/ Tramadol 20%/ Cyclobenzaprine 4%): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

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

Decision rationale: This patient presents with neck, low back, bilateral shoulder, and right knee pain. The treating physician is requesting 1 Transdermal compound cream which includes Flurbiprofen 20%, Tramadol 20%, and Cyclobenzaprine 4%. The MTUS Guidelines page 111 has the following regarding topical creams, "Topical analgesics are largely experimental and use with few randomized control trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." In this case, Gabapentin is not recommended in any topical formulation. Therefore, the entire compound cream is not medically necessary and appropriate.

1 transdermal compound cream (Flurbiprofen 20%/ Tramadol 15%/ Menthol 2%/ Camphor 2%/ Capcaisin 0.025%): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

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

Decision rationale: This patient presents with neck, low back, bilateral shoulder, and right knee pain. The treating physician is requesting 1 transdermal compound cream which includes flurbiprofen 20%, tramadol 15%, menthol 2%, camphor 2%, and capsaicin 0.025%. The MTUS Guidelines p 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." In this case, Tramadol is not tested for transdermal use with any efficacy. Therefore, the entire compound cream is not medically necessary and appropriate.