

Case Number:	CM14-0177071		
Date Assigned:	10/30/2014	Date of Injury:	02/18/2013
Decision Date:	12/05/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/26/2014

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:

This patient is a 44 y/o male who has developed widespread chronic pain subsequent to an injury dated 2/18/13. He has complaints of pain involving the right elbow, low back, bilateral knees and right ankle. He has been treated with extensive conservative care and spinal surgery. His current diagnosis(s) include possible Cubital tunnel right elbow and rule-out internal derangement of the knees and right ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

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

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The MTUS Chronic Pain Guidelines are very specific regarding the appropriate use of topical agents for chronic pain. Only agents that are approved for topical use are recommended and if a compound includes a non approved agent that compound it not recommended. Guidelines state that both topical Gabapentin and topical muscle relaxants

(Cyclobenzaprine) are not recommended. The compounded 180gms cream of Cyclobenzaprine 2%, Gabapentin 15% and Amitriptyline 10% is not medically necessary.

One compound cream 180 grams, Cyclobenzaprine 2%, Flurbiprofen 25%: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The MTUS Chronic Pain Guidelines are very specific regarding the appropriate use of topical agents for chronic pain. Only agents that are approved for topical use are recommended and if a compound includes a non approved agent that compound it not recommended. Guidelines state that both topical Flubiprophen and topical muscle relaxants (Cyclobenzaprine) are not recommended. The 180gms of compounded topical Cyclobenzaprine 2% and Flubiprophen 25% is not medically necessary. There are no unusual circumstances to justify an exception to the Guidelines.