

Case Number:	CM14-0183011		
Date Assigned:	11/07/2014	Date of Injury:	09/07/2010
Decision Date:	12/18/2014	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/03/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic knee and low back pain reportedly associated with an industrial injury of September 7, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; epidural steroid injection therapy; unspecified amounts of physical therapy; and extensive periods of time off of work. In a Utilization Review Report dated October 17, 2014, the claims administrator retrospectively approved naproxen, Protonix, Norco while denying a cyclobenzaprine containing powder. Somewhat incongruously, however, the claims administrator then went on to approve a gabapentin containing topical compounded powder. The applicant's attorney subsequently appealed. In a May 2, 2014 progress note, the applicant reported ongoing complaints of knee pain secondary to a patellar tendon rupture and meniscal derangement, knee arthritis, and hip pain secondary to trochanteric bursitis. The applicant also had issues with lower extremity peroneal neuropathy. The applicant was anxious and depressed, it was acknowledged. A variety of medications, including Zantac and Vicoprofen were endorsed. Urine drug testing was performed. Work restrictions were endorsed, although it did not appear that the applicant was working with said limitations in place. In a July 8, 2014 progress note, the applicant was again presented with a variety of pain complaints. The applicant was using Celexa, Norco, Vicoprofen, Motrin, Medrol, Robaxin, and Percocet, it was acknowledged. The applicant was placed off of work, on total temporary disability, on July 8, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective compound powder of Cyclobenzaprine powder 3 gm: 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 topic Page(s): 111-113.

Decision rationale: As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as cyclobenzaprine are not recommended for topical compound formulation purposes. Since one or more ingredients are not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the applicant's ongoing usage of multiple first-line oral pharmaceuticals, including Norco, naproxen, etc., effectively obviates the need for the largely experimental topical compounded cyclobenzaprine containing powder. Therefore, the request was not medically necessary.