

Case Number:	CM14-0037001		
Date Assigned:	06/25/2014	Date of Injury:	09/05/2012
Decision Date:	08/05/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/27/2014

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 Management, 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:

According to the records made available for review, this is a 72-year-old female with a 9/5/12 date of injury. At the time (2/26/14) of request for authorization for Cyclobenzaprine/flurbiprofen/tramadol 4/20/20% Mediderm Compound cream, there is documentation of subjective finding: 8/10 cervical spine pain, 8/10 thoracic spine pain, 8/10 lumbar spine pain, 8/10 bilateral shoulder pain, 8/10 bilateral wrist pain, 5/10 bilateral hand pain, 8/10 bilateral hip pain, and 8/10 bilateral knee pain. Objective findings identify tenderness to palpation, one plus spasm, and decreased range of motion. The current diagnoses include cervical spine multilevel degenerative disc disease, thoracic spine disc protrusion, lumbar spine multilevel degenerative disc disease, bilateral shoulder tendonitis, bilateral wrist sprain/strain, bilateral hand sprain/strain, bilateral hip sprain/strain, and bilateral knee sprain/strain), and treatment to date (physical therapy and acupuncture).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (date of service 2/5/14) Cyclobenzaprine/flurbiprofen/tramadol 4/20/20% Mediderm Compound Cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), web edition.

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of cervical spine multilevel degenerative disc disease, thoracic spine disc protrusion, lumbar spine multilevel degenerative disc disease, bilateral shoulder tendonitis, bilateral wrist sprain/strain, bilateral hand sprain/strain, bilateral hip sprain/strain, and bilateral knee sprain/strain. However, the requested Cyclobenzaprine/flurbiprofen/tramadol 4/20/20% Mediderm Compound cream contains at least one drug (Cyclobenzaprine) that is not recommended. Therefore, based on the MTUS guidelines and a review of the evidence, the request for the retrospective Cyclobenzaprine/flurbiprofen/tramadol 4/20/20% Mediderm Compound Cream is not medically necessary.