

Case Number:	CM14-0057285		
Date Assigned:	07/09/2014	Date of Injury:	04/19/1999
Decision Date:	09/22/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	04/28/2014

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 Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 46 year old employee with date of injury of 4/19/1999. Medical records indicate the patient is undergoing treatment for cervical spine strain, thoracic sprain and herniated disk of the lumbar spine. Subjective complaints include: the patient indicated (on 3/28/2014) that he had decreased pain in the neck and back, he had fewer headaches, less pain, numbness and tingling in the hand and decreased pain in the upper extremities. Objective findings include an exam of the cervical spine which revealed range of motion (ROM) at 40 degrees flexion and 30 degrees extension. The patient had tenderness over the paravertebral and trapezial musculature with spasm on the right. He also had tenderness and spasm over the paravertebral musculature of both the thoracic and lumbar spine. His lumbosacral spine had flexion lacking 12 inches from fingertips to floor and extension was 20 degrees. Treatment has consisted of home exercise, Voltaren, Hydrocodone, Fioricet and Cyclobenzaprine-Tramadol compound topical medication. His physician recommended a thoracolumbar brace as needed. The utilization review determination was rendered on 4/10/2014 recommending non-certification of Cyclobenzaprine 10% and Tramadol 10% Topical Cream 30 gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10% and Tramadol 10% Topical Cream 30 gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Compound Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Compound creams.

Decision rationale: The California MTUS and the Official Disability Guidelines recommend usage of topical analgesics as an option, but also further details, "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS states regarding topical muscle relaxants, "Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Topical Cyclobenzaprine is not indicated for this usage, per MTUS. The California MTUS states that the only FDA- approved NSAID medication for topical use includes Diclofenac, which is indicated for relief of osteoarthritis pain in joints. Tramadol would not be indicated for topical use in this case. As such the request for Cyclobenzaprine 10% and Tramadol 10% Topical Cream 30 gm is not medically necessary.