MAXIMUS Federal Services

Case Number:	CM14-0085069		
Date Assigned:	07/23/2014	Date of Injury:	03/07/2013
Decision Date:	09/25/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/07/2014

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 Internal 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 injured worker is a 24 year old male injured on 03/07/13 due to undisclosed mechanism of injury, resulting in comminuted multi fragmented fracture of the distal portion of the distal phalanx of the third digit with extensive soft tissue swelling and soft tissue laceration. The injured worker underwent orthopedic evaluation and consultation with an attempt to reduce the displaced comminuted fracture. The injured worker required amputation of the distal nail bed with post-operative infection. Clinical note dated 07/17/14 indicated the injured worker presented for reevaluation for continued pain and numbness in the left third amputated finger. The injured worker sustained fracture to the left hand on 04/20/14 resulting in casting of the left upper extremity thereby limiting treatment to be provided. The injured worker rated pain 4-8/10. Treatment plan included capsaicin cream with Menthol, Gabapentin, Tramadol, injections, and potential for spinal cord stimulator. Initial request for Cyclobenzaprine 2% cream one kit was non-certified on 05/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 2% Cream 1 Kit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Further, CAMTUS, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. Cyclobenzaprine has not been approved for transdermal use. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. Therefore Cyclobenzaprine 2% Cream 1 Kit cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.