

Case Number:	CM14-0090621		
Date Assigned:	07/23/2014	Date of Injury:	03/05/2014
Decision Date:	08/28/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/16/2014

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 Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. 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 32 year-old male who was reportedly injured on 3/5/2014. The mechanism of injury is noted as his hand slipped with a skill saw and struck his left index finger. Available medical records included an operative report and the hand surgery emergency consultation dated 3/5/2014. Plain radiographs of the left hand demonstrated a comminuted intraarticular middle phalanx fracture extending into the Proximal Interphalangeal joint. The injured worker underwent a left index finger incision and drainage, wound exploration and repair on 3/5/2014. A request had been made for cyclobenzaprine 10%/tramadol 10% 30 grams and was not certified in the utilization review on 6/5/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10%/Tramadol10%30gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 82, 113.

Decision rationale: California Medical Treatment Utilization Schedule guidelines state that topical analgesics are largely experimental with few randomized controlled trials to determine

efficacy or safety. The guidelines further state that the use of topical muscle relaxers, including cyclobenzaprine, is not recommended and that "any compound product that contains at least one drug (or drug class) that is not recommended, is not recommended". As such, this request is not considered medically necessary.