

Case Number:	CM14-0192942		
Date Assigned:	11/26/2014	Date of Injury:	03/08/2011
Decision Date:	01/14/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/18/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 66 year old male with an injury date on 03/08/2011. Based on the 10/09/2014 progress report provided by the treating physician, the diagnoses are:1. Cervical spondylosis.2. Central canal stenosis.3. Radicular symptoms of the upper extremities.4. Carpal tunnel syndrome.5. Ulnar neuropathy. According to this report, the patient complains of "axial neck pain as well as radicular symptoms, worse when trying to range to the left." Pain is about "4/10 and with medication it ticks down to 0/10." Physical exam indicates tenderness to palpation along the left cervical spine over the C5-C6 and C6-C7 area. Range of motion is restricted secondarily to axial pain. There were no other significant findings noted on this report. The utilization review denied the request for compound medication: Tramadol 5%, Flurbiprofen 20%, Bupivacaine 3%, Clonidine 2% and Cyclobenzaprine 4%, 1 tube, 240 mg. on 10/16/2014 based on the MTUS guidelines. The requesting physician provided treatment reports from 04/21/2014 to 10/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

compound medication: Tramadol 5%, Flurbiprofen 20%, Bupivacaine 3%, Clonidine 2% and Cyclobenzaprine 4%, 1 tube, 240 mg.: 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 Cream Page(s): 111-113.

Decision rationale: According to the 10/09/2014 report, this patient presents with axial neck pain as well as radicular symptoms, worse when trying to range to the left." Per this report, the current request is for compound medication: Tramadol 5%, Flurbiprofen 20%, Bupivacaine 3%, Clonidine 2% and Cyclobenzaprine 4%, 1 tube, 240 mg. Regarding topical compounds, MTUS states that if one of the compounded product is not recommended then the entire compound is not recommended. Regarding Cyclobenzaprine topical, MTUS states other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. In this case Cyclobenzaprine, Clonidine and Tramadol are not recommended in a topical formulation. The request is not medically necessary.