

Case Number:	CM14-0194813		
Date Assigned:	12/02/2014	Date of Injury:	03/12/1999
Decision Date:	01/14/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/20/2014

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 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:

This patient sustained an injury on 3/12/1999. Request under consideration includes Cyclobenzaprine 10% Tramadol 10%, 15gm and 60gm topical cream. The patient continues to treat for chronic ongoing pain symptoms in the low back radiating to bilateral lower extremities with associated numbness and tingling. Exam showed unchanged positive acromioclavicular (AC) joint tenderness; positive Neer's, Hawkin's, and O'Brien's testing; lumbar spine tenderness in paraspinal musculature with diffuse decreased range with stiffness; diminished sensation at bilateral S1 dermatome with positive straight leg raise (SLR) at 20 degrees. Medications list Prilosec, Ultram, Nalfon, and topical analgesic. The request for Cyclobenzaprine 10% Tramadol 10%, 15gm and 60gm topical cream was non-certified on 11/6/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10% Tramadol 10%, 15gm and 60gm topical cream: 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 Analgesics; Opioids; Muscle Relaxants Page(s): 111-113; 74-96; 64-65.

Decision rationale: This patient sustained an injury on 3/12/1999. Request under consideration include Cyclobenzaprine 10% Tramadol 10%, 15gm and 60gm topical cream. The patient continues to treat for chronic ongoing pain symptoms in the low back radiating to bilateral lower extremities with associated numbness and tingling. Exam showed unchanged positive acromioclavicular (AC) joint tenderness; positive Neer's, Hawkin's, and O'Brien's testing; lumbar spine tenderness in paraspinal musculature with diffuse decreased range with stiffness; diminished sensation at bilateral S1 dermatome with positive straight leg raise (SLR) at 20 degrees. Medications list Prilosec, Ultram, Nalfon, and topical analgesic. The request for Cyclobenzaprine 10% Tramadol 10%, 15gm and 60gm topical cream was non-certified on 11/6/14. Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral non-steroidal anti-inflammatory drugs (NSAIDs) or other pain relievers for a patient with spinal and multiple joint pains without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded muscle relaxant and opioid over oral formulation for this chronic injury of 1999 without documented functional improvement from treatment already rendered. Guidelines do not recommend long-term use of this muscle relaxant and opioid for this chronic injury without improved functional outcomes attributable to their use. It is also unclear why the patient is being prescribed 2 concurrent opioid, oral Ultram and topical Tramadol, which is posing an increase risk profile without demonstrated extenuating circumstances and indication. The Cyclobenzaprine 10% Tramadol 10%, 15gm and 60gm topical cream is not medically necessary and appropriate.