

Case Number:	CM14-0201588		
Date Assigned:	12/11/2014	Date of Injury:	12/19/2012
Decision Date:	03/12/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	12/01/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 50 year old male who suffered a work related injury on 12/19/12. The latest available notes for review from his treatment physician on 07/07/14 reveal that he is stable on his medications which include hydrocodone and diclofenac. He is able to work out in a pool. He was noted to be uncomfortable sitting for long periods of time and stood up every 15 minutes or so. His gait was noted to be abnormal and he has a profound spasm bilaterally latissimus dorsi with very decreased range of motion. Per the UR he was seen by this same physician on 08/26/14 and a compounded pain relief cream was added to his medication regimen. There is not documentation of this visit in the submitted documentation. The Keto/Cyclo/Caps/Menth/Camph cream was denied by the Claims Administrator on 10/27/14 and was subsequently appealed for Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Keto/Cyclo/Caps/Menth/Camph (compound) 120 MI: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: This compounded formulation includes cyclobenzoprine which is a muscle relaxant. Regarding the request for topical Flexeril, CA MTUS states that topical muscle relaxants are not recommended as there is no peer-reviewed literature to support the use of topical baclofen or any other muscle relaxant as a topical product. Furthermore, the same guidelines specify that if one component of a compounded medication is not recommended, then the entire formulation is not recommended. Given these guidelines, this request is not medically necessary.