

Case Number:	CM14-0075713		
Date Assigned:	07/16/2014	Date of Injury:	01/28/2014
Decision Date:	04/17/2015	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/23/2014

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 53 year old female, who sustained an industrial injury on January 28, 2014. The diagnoses have included lumbar strain and left knee strain/sprain. Treatment to date has included physical therapy completed 3 of 6 sessions and home exercises. Currently, the injured worker complains of lumbar pain. In a progress note dated April 16, 2014, the treating provider reports examination revealed left knee decreased range of motion and tender to palpation in the medial aspect and patella/patellar tendon and decreased range of motion and tender to palpation in the paralumbar spine. The IMR request states that Ultra Flex-G cream contains gabapentin, cyclobenzaprine, and tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

UltraFlex-G Cream 180gm: 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): 111-113 of 127.

Decision rationale: Regarding the request for UltraFlex-G Cream, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Muscle relaxants drugs are not supported by the CA MTUS for topical use. Regarding topical gabapentin, Chronic Pain Medical Treatment Guidelines state that topical anti-epileptic medications are not recommended. They go on to state that there is no peer-reviewed literature to support their use. The IMR request states that Ultra Flex-G cream contains gabapentin and cyclobenzaprine. As such, the currently requested UltraFlex-G Cream is not medically necessary.