MAXIMUS Federal Services

Case Number:	CM15-0002420		
Date Assigned:	01/13/2015	Date of Injury:	08/05/2007
Decision Date:	05/05/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/06/2015

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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 46-year-old who has filed a claim for chronic neck pain reportedly associated with an industrial injury of August 5, 2007. In a Utilization Review report dated December 31, 2014, the claims administrator failed to approve a topical compounded medication. An RFA form dated December 1, 2014 and an associated progress note of the same date were referenced in the determination. The applicant's attorney subsequently appealed. In a medical-legal evaluation dated October 22, 2014, it was acknowledged that the applicant was no longer working and has not worked since 2007. The applicant was using a variety of medications, including an unspecified topical compounded cream, Zoloft, Wellbutrin, and Zocor, it was acknowledged. The applicant was receiving disability insurance benefits in addition to Workers' Compensation indemnity benefits, it was acknowledged. The remainder of the file was surveyed. The December 1, 2014 progress note on which the article in question was sought was seemingly not incorporated into the Independent Medical Review packet.

IMR ISSUES, DECISIONS AND RATIONALES

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

MED CM4-caps 0.05%+Cyclo 4% x3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

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

Decision rationale: No, the topical compounded CM4-capsaicin-cyclobenzaprine cream was not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as cyclobenzaprine are not recommended for topical compound formulation purposes. Since one or more ingredients in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.