MAXIMUS Federal Services

Case Number:	CM15-0003853		
Date Assigned:	01/14/2015	Date of Injury:	04/28/2010
Decision Date:	03/10/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/08/2015

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: New York
Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 55 year old female, who sustained an industrial injury on April 28, 2010. She has reported a gradual onset of neck and bilateral shoulder pain. The diagnoses have included status post left shoulder open rotator cuff repair in 2010, bilateral carpal tunnel syndrome, degenerative disc disease of the cervical spine, cervical arthropathy, and cervical spondylosis. Treatment to date has included electrodiagnostic study in 2011, magnetic resonance imaging (MRI) of the cervical spine and left shoulder in 2010, a home exercise program, activity modifications, and pain, muscle relaxant, and anti-epilepsy medications. Currently, the injured worker complains of increased neck pain, which has increased. In addition, she complains of pain of bilateral shoulders, down bilateral arms, and in her upper to lower back. The use of her current medications decrease her pain from 10/10 to 7-8/10. The injured worker has not worked since 2010. On December 18, 2014 Utilization Review non-certified a retrospective prescription for the compound cream: 3% Cyclo, 10% Keto, 5% Lido 1 large tube with 3 refills (DOS: 11/18/14), noting the lack of documentation of the knowledge of the specific analgesic effect of each agent and how it will be useful for the specific goal required how. In addition, two components (cyclobenzaprine and ketoprofen) of the compound cream are not recommended by the guidelines for topical use. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines for topical analgesics was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro- Compound Cream; 3% Cyclo, 10% Keto, 5% Lido 1 large tube with 3 refills - 11/18/14: 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: MTUS guidelines note that for topical compound medications if one component is not recommended then the compound is also not recommended. Cyclobenzaprine is not recommended as a topical analgesic nor is Lidocaine 5% cream (this is not a lidocaine patch which is a systemic administration of lidocaine in the form of a patch). Thus the requested compound medication is also not recommended.