

Case Number:	CM15-0004174		
Date Assigned:	01/15/2015	Date of Injury:	08/10/2004
Decision Date:	03/10/2015	UR Denial Date:	12/24/2014
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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 injured worker is a 57 year old female, who sustained an industrial injury on August 6, 2014. She has reported neck and back pain. The diagnoses have included cervical and lumbar discopathy with disc displacement and radiculopathy. Currently, the IW complains of low back pain radiating down both legs with numbness and tingling. Treatment includes oral medication and request for epidural steroid injection and home health. On December 24, 2014 utilization review non-certified a request for Cyclobenzaprine 10%/Tramadol 10% 60mg topical cream and Cyclobenzaprine 10%/Tramadol 10% 15mg topical cream, noting Cyclobenzaprine is not recommended for topical use and the injured worker is already using oral Tramadol. The Medical Treatment Utilization Schedule (MTUS) guidelines were utilized in the determination. Application for independent medical review (IMR) is dated January 8, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10%/Tramadol 10% 60gm topical cream: 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 based on Non-MTUS Citation Pain section, Topical analgesics

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, topical Cyclobenzaprine 10%/Tramadol 10% 60g is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine safety or efficacy. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical cyclobenzaprine is not recommended. In this case, the injured workers working diagnoses are cervical discopathy with disc displacement; cervical radiculopathy; lumbar discopathy with disc displacement; and lumbar radiculopathy. Subjectively, the injured worker complains of low back pain radiating to both legs. The worker complains of neck pain aggravated by turning and looking up. Objectively, there is tenderness palpation in the cervical and lumbar paraspinal musculature. There is decreased range of motion. Any compounded product that contains at least one drug (topical cyclobenzaprine) that is not recommended is not recommended. Consequently, topical cyclobenzaprine 10%/tramadol 10% is not recommended. Based on the clinical information in the medical record in the peer-reviewed evidence-based guidelines, topical Cyclobenzaprine 10%/Tramadol 10% 60g is not medically necessary.

Cyclobenzaprine 10%/Tramadol 10% 15gm topical cream: 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 based on Non-MTUS Citation Pain section, Topical analgesics

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, topical Cyclobenzaprine 10%/Tramadol 10% 15g is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine safety or efficacy. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical cyclobenzaprine is not recommended. In this case, the injured workers working diagnoses are Cervical discopathy with disc displacement; cervical radiculopathy; lumbar discopathy with disc displacement; and lumbar radiculopathy. Subjectively, the injured worker complains of low back pain radiating to both legs. The worker complains of neck pain aggravated by turning and looking up. Objectively, there is tenderness palpation in the cervical and lumbar paraspinal musculature. There is decreased range of motion. Any compounded product that contains at least one drug (topical cyclobenzaprine) that is not recommended is not recommended. Consequently, topical Cyclobenzaprine 10%/tramadol 10% is not recommended. Based on the clinical information in the medical record in the peer-reviewed evidence-based guidelines, topical Cyclobenzaprine 10%/Tramadol 10% 15g is not medically necessary.

