

Case Number:	CM15-0008078		
Date Assigned:	01/26/2015	Date of Injury:	03/26/2013
Decision Date:	03/16/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/14/2015

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: Ohio, North Carolina, Virginia
 Certification(s)/Specialty: Family Practice

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 40 year old male, who sustained an industrial injury on March 26, 2013. He has reported neck and back pain with headaches. The diagnoses include left shoulder impingement and rotator cuff tendinosis, cervical radiculopathy with stenosis, cervical degenerative disc disease (DDD) and headache. Treatment to date has included epidural cortisone injection anterior cervical discectomy with interlocking screws. Currently, the IW complains of headaches which are thought to be tension variety with migraine features, Treatment includes has included oral sumatriptan previously. His headaches occur 3-4 times a week and are rated at 10/10 pain. On December 19, 2014 utilization review non-certified a request for Suma Plus Combo 120mg X3 refills, noting oral medications appear to be working. The Medical Treatment Utilization Schedule (MTUS) guidelines were utilized in the determination. Application for independent medical review (IMR) is dated January 9, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

SumaPlus Combo 120mg: 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: Suma Plus compound is a topical ointment that contains sumatriptan 20% (triptan), diclofenac 3% (NSAID), apomorphine 0.1% (opioid analgesic), cyclobenzaprine 2% (muscle relaxant), Tizanidine 0.2% (muscle relaxant), promethazine 2.5% (anti-emetic), lidocaine 1.75% (anesthetic), and prilocaine 1.75% (anesthetic). Per the referenced guidelines, any compound which contains one non-recommended ingredient is not recommended in its entirety. The guidelines state that topical muscle relaxants are not recommended. Lidocaine is recommended only in patch form, Topical NSAIDs are recommended for osteoarthritis and tendonitis only over easily accessible joints like the knees, but not the spine. Consequently, because it contains several non-recommended ingredients, SumaPlus Combo 120gms is not medically necessary.