

Case Number:	CM15-0140968		
Date Assigned:	07/30/2015	Date of Injury:	08/06/2007
Decision Date:	08/28/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/20/2015

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

Certification(s)/Specialty: Emergency 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 56 year old male with an industrial injury dated 08-06-2007. The injured worker's diagnoses include complex regional pain syndrome of upper limb, shoulder pain and frozen shoulder syndrome. Treatment consisted of prescribed medications and periodic follow up visits. In a progress note dated 07-08-2015, the injured worker reported increasing pain in the right hand like crushing feeling. Objective findings revealed decrease strength in right upper extremity, normal tone, and no wasting or fasciculations. The treating physician prescribed compounded cream: Cyclobenzaprine 4%-Gabapentin 6% -Tramadol 8%- Amitriptyline 4% - Clonidine 0.2%, now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compounded cream: Cyclobenzaprine 4%/ Gabapentin 6%/ Tramadol 8%/ Amitriptyline 4%/ Clonidine 0.2%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 111-113, Topical Analgesics.

Decision rationale: The requested Compounded cream: Cyclobenzaprine 4%/Gabapentin 6%/ Tramadol 8%/ Amitriptyline 4%/ Clonidine is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of anti-depressants and anti-convulsants." The injured worker has increasing pain in the right hand like crushing feeling. Objective findings revealed decrease strength in right upper extremity, normal tone, and no wasting or fasciculations. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, the requested Compounded cream: Cyclobenzaprine 4%/Gabapentin 6%/ Tramadol 8%/ Amitriptyline 4%/ Clonidine 0.2% is not medically necessary.