

Case Number:	CM15-0142945		
Date Assigned:	08/03/2015	Date of Injury:	04/21/2014
Decision Date:	08/31/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/23/2015

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: Arizona, California
 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 44-year-old female, who sustained an industrial injury on April 21, 2014. The injured worker reported crush injury of the left hand with fractures. The injured worker was diagnosed as having mononeuritis of arm, open fracture of finger and hand crush injury. Treatment to date has included surgery, splint and medication. A progress note dated May 18, 2015 provides the injured worker complains of left hand pain, numbness and inability to bend middle, ring and little finger. Physical exam notes finger brace is not effective, ability to flex middle finger more with pressure applied in an upward motion, decreased sensation of the ring finger and inability to move ring or little finger.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10% topical cream 30gm for 3 days: 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): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. 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 muscle relaxants such as Cyclobenzaprine and are not recommended due to lack of evidence. The claimant had already been on oral Cyclobenzaprine. There is no indication for combining topical and oral Cyclobenzaprine. Since the compound above contains topical Cyclobenzaprine, the compound in question is not medically necessary.