

Case Number:	CM15-0163466		
Date Assigned:	08/31/2015	Date of Injury:	05/13/2010
Decision Date:	09/30/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/20/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 72-year-old female sustained an industrial injury on 5-13-10. She subsequently reported neck and back pain. Diagnoses include cervical radiculopathy, cervical degenerative disc disease, cervicocranial syndrome and lumbar facet arthropathy. Treatments to date include x-ray and MRI testing, physical therapy and prescription pain medications. The injured worker has continued complaints low back and right knee pain. Upon examination, cervical range of motion is decreased. Tenderness to palpation is noted in bilateral paraspinal and upper trapezius. Pain is noted with facet loading. Spurling's is positive on the right. Tinel's is positive in bilateral wrists. Phalen's is positive bilaterally. A request for post-op lumbar brace was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

#1 CM4-Caps 0.05% + Cyclo 4%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, Page(s): 60, 111-113.

Decision rationale: The claimant sustained a work injury in May 2010 and continues to be treated for right knee and neck pain. When seen, there was bilateral cervical paraspinal and right greater than left upper trapezius tenderness. There was decreased range of motion with positive facet loading. There was contralateral pain with right Spurling's testing. Tinel's and Phalen's testing was positive bilaterally. Cyclobenzaprine is a muscle relaxant and there is no evidence for the use of any muscle relaxant as a topical product. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it would be difficult or impossible to determine whether any derived benefit was due to a particular component. In this case, there are other single component topical treatments with generic availability that could be considered. This medication was not medically necessary.