

Case Number:	CM15-0184657		
Date Assigned:	09/25/2015	Date of Injury:	09/09/2013
Decision Date:	11/03/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/21/2015

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: Preventive Medicine, Occupational 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:

This injured worker is a 34 year old female who reported an industrial injury on 9-9-2013. Her diagnoses, and or impressions, were noted to include: cervical spine sprain-strain with multi-level disc protrusion and grade 1 anterolisthesis; bilateral shoulder "MPS"; left shoulder tendinosis; left "AC" degenerative joint disease; left wrist sprain-strain and carpal tunnel syndrome; thoracic sprain-strain disc disease; lumbar spine sprain-strain with multi-level bulging discs and degenerative disc disease; as well as sleep disturbance and gastrointestinal upset. No current imaging studies were noted. Her treatments were noted to include: a functional capacity evaluation on 5-15-2015; acupuncture treatments; medication management with toxicology screenings; and modified work duties. The progress notes of 8-19-2015 reported: increased cervical spine pain, rated 6 out of 10, since stopping physical therapy; increased tightness in the right trap causing increased pain at night with loss of sleep; bilateral shoulder pain, rated 6-7 out of 10, and frequent pain with arm movements; intermittent thoracic pain, rated 6-7 out of 10, with prolonged sitting and stooping; tolerable left wrist pain rated 9 out of 10; intermittent, non- radiating lumbar ache, rated 4 out of 10, that increased with prolonged activities; and a request for more chiropractic treatments to treat flare-up of pain. The objective findings were stated to be on an attached sheet that was not noted in the medical records provided. The physician's requests for treatment were noted to include Cyclo-Ultram cream to apply twice a day, with 1 refill. The Request for Authorization, dated 8-25-2015, was noted for Cyclo-Ultram cream with 1 refill. The Utilization Review of 9-10-2015 non-certified the request for Cyclo-Ultram compound cream with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound medication: Cyclo/Ultram cream with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The MTUS Guidelines state that tramadol is not recommended as a first-line oral analgesic. The MTUS Guidelines do not specifically address the use of topical tramadol. The MTUS Guidelines state that there is no evidence for use of muscle relaxants, such as cyclobenzaprine, as a topical product. As at least one of the medications in the requested compounded medication is not recommended by the established guidelines, the request for compound medication: Cyclo/Ultram cream with 1 refill is determined to not be medically necessary.