MAXIMUS Federal Services

Case Number:	CM15-0190698		
Date Assigned:	10/02/2015	Date of Injury:	09/15/2008
Decision Date:	11/12/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/28/2015

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:

The injured worker is a 46-year-old male who sustained an industrial injury on 9-15-08. The records indicate that the injured worker is being treated for bilateral shoulder impingement syndrome, distal clavicular arthrosis and superior labral tear, greater on the right; carpal tunnel syndrome; failed back surgery; left knee chondromalacia and possible medial meniscus tear; lumbar sprain-strain; lumbar disc herniation; sacroiliitis. He currently (7-13-15) complains of continued bilateral shoulder pain, right greater than left and rest somewhat relieves the pain; ongoing left knee pain with intermittent swelling and catching. On 3-26-15, his pain level was 8-9-10 out of 10. On physical exam the right shoulder revealed atrophy above the supraspinatus, both shoulders had decreased range of motion, O'Brien's, Near Impingement, Hawkin's, Jobe, anterior and posterior acromioclavicular joint stress tests were positive bilaterally, there was tenderness bilaterally; the left knee showed medial joint line tenderness and medial McMurray test. He was treated with dorsal column spinal cord stimulator (12-29-14); subacromial cortisone injection to bilateral shoulders with temporary benefit; physical therapy without benefit; acupuncture with limited improvement; medications: OxyContin, oxycodone, tizanidine, Cymbalta. The request for authorization dated 8-21-15 was for cyclobenzaprine-Ultram cream. On 8-31-15 Utilization Review non-certified the request for cyclobenzaprine-Ultram cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine/Ultram cream: 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): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain), 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 there is no evidence for use of muscle relaxants, such as cyclobenzaprine, as a topical product. 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. Additionally, there is no quantity or dosage information included with this request. As at least one of the medications in the requested compounded medication is not recommended by the established guidelines. Therefore, the request is not medically necessary.