

Case Number:	CM15-0029604		
Date Assigned:	02/23/2015	Date of Injury:	10/22/1994
Decision Date:	04/07/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/17/2015

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

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 74 year old female, who sustained an industrial injury on 10/22/94. She has reported back injury. The diagnoses have included cervical spine sprain/strain and lumbar spine sprain/strain. Treatment to date has included physical therapy, pain medications and home exercise program. X-ray of cervical spine performed on 12/1/14 revealed mild straightening of the cervical lordosis with moderate restricted range of motion on flexion and extension views and small degenerative anterior inferior endplate osteophytes off the endplates C3 to C6. X0rays of lumbar spine performed on 12/1/14 revealed restricted range of motion of lumbar spine flexion, degenerative small anterior endplate osteophytes at T12 and L1, surgical clips/sutures in right upper quadrant and degenerative grade 1 anterolisthesis of L4 on L5 and L5 on S1. Currently, the injured worker complains of constant low back pain, increasing with prolonged positioning for over 15 minutes and intermittent neck pain with prolong positioning. Physical exam dated 12/1/14 revealed tenderness to palpation of upper trapezius and paravertebral muscles, tenderness to palpation of lumbar paravertebral muscles and spinous processes at L4-5 and spasm on the quadratus lumborum muscle. On 1/26/15 Utilization Review non-certified Cyclo-Tramadol cream, noting the guidelines specifically recommended against use of topical Cyclobenzaprine and no evidence found to support the use of topical tramadol. The MTUS, ACOEM Guidelines, was cited. On 2/11/15, the injured worker submitted an application for IMR for review of Cyclo-Tramadol cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclo-Tramadol Cream QTY 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs/Analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The patient presents with pain affecting the low back and neck. The current request is for Cyclo-Tramadol Cream QTY 2. The treating physician report dated 1/13/15 (88B) provides no rationale for the current request. The MTUS guidelines have the following regarding topical analgesics: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The guidelines go on to state, "There is no evidence for use of any other muscle relaxant as a topical product." It is unclear how long the patient has been using this medication. Documentation of its efficacy in treating the patient's symptoms was not found in the medical reports provided. In this case, Cyclobenzaprine is a muscle relaxant and is not recommended as a topical product by the MTUS guidelines. Furthermore, since Cyclobenzaprine is not recommended, the requested topical compound is not recommended. Recommendation is for denial.