MAXIMUS Federal Services

Case Number:	CM15-0033016		
Date Assigned:	02/26/2015	Date of Injury:	05/31/2014
Decision Date:	04/07/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/23/2015

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: California
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:

The injured worker is a 60 year old right hand dominant male, who sustained a work/ industrial injury on 5/31/14. He has reported symptoms of neck pain, rated 7/10, back pain rated 7/10 that radiated to the mid back, right shoulder pain rated 6/10 and left thumb pain, rated 5-7/10. Prior medical history includes diabetes mellitus, hyperlipidemia, hypothyroidism, insomnia, and dyspnea with exertion. The diagnoses have included sprain/strain of upper arm, shoulder, and lumbar spine. Treatments to date included medication, injection to right shoulder, acupuncture, physical therapy, and chiropractic care. Diagnostics included Magnetic Resonance Imaging (MRI) of right shoulder of 12/18/14 reporting complete full thickness tears of the supraspinatus and infraspinatus tendons with gross retraction beyond the musculotendinous junction measuring approximately 47 mm, partial thickness tearing of the subscaputaris tendon, diminutive and frayed glenoid labrum which is torn at the posterior superior aspect, superior migration of the humeral head with respect to the glenoid, glenohumeral joint effusion, and acromioclavicular and glenohumeral osteoarthritis. Magnetic Resonance Imaging (MRI) of left thumb reported first metacarpal trapezium, metacarpal phalangeal and interphangeal joint arthritis, partially visualized subchondral cyst versus bone marrow edema within the subarticular margin. Magnetic Resonance Imaging (MRI) of the lumbar spine reported L3-4 disc protrusion and facet hypertrophy producing spinal canal narrowing and bilateral neuroforaminal narrowing, L4-5 broad based disc herniation that abuts the thecal sac, L5-S1 disc protrusion and facet hypertrophy. Medications included Naproxen, Flexeril, Cyclobenzaprine/Tramadol cream as well as his Metformin, Pravastatin. The treating physician's report (PR-2) from 11/21/15

indicated cervical, lumbar, right shoulder, and left thumb pain rated 7/10. The shoulder injection gave no benefit. The overall condition was mildly improved. There was decreased range of motion with flexion and extension with weakness to the left thumb. Recommendations were to include topical analgesic cream. On 2/3/15, Utilization Review non-certified Cyclo-Tramadol cream as needed, citing the California Medical treatment Utilization Schedule (MTUS) Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclo-Tramadol cream as needed: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 111-113 of 127.

Decision rationale: Regarding the request for Cyclo-Tramadol cream, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Muscle relaxants drugs are not supported by the CA MTUS for topical use. As such, the currently requested Cyclo-Tramadol cream is not medically necessary.