

Case Number:	CM15-0035262		
Date Assigned:	03/03/2015	Date of Injury:	08/02/2007
Decision Date:	04/08/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/25/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 female, who sustained an industrial injury on 8/2/07. She has reported neck pain. The diagnoses have included cervical paraspinal muscles strain/sprain and rule out cervical radiculopathy. Treatment to date has included physical therapy, injections, medications and shockwave therapeutic procedure. (EMG) Electromyogram of upper extremity performed on 1/7/15 revealed normal study of bilateral upper extremities. Currently, the injured worker complains of chronic neck pain with radiation to the left arm with associated numbness, tingling and paresthesias. Slightly decreased muscle strength in left upper extremity was noted and Palmar grasp reflex was absent on physical exam. On 1/28/15 Utilization Review non-certified Tramadol 150mg #60, noting it is not medically necessary; topical compound creams- Flurbiprofen / Capsaicin / Camphor 10/0.25% (120mg) and Ketoprofen / Cyclobenzaprine / lidocaine 10%3%5% (120gm), noting it is usually recommended when anti-depressants and anti-convulsants have failed and there is no documentation of failure of first line treatment. The MTUS, ACOEM Guidelines was cited. On 2/23/15, the injured worker submitted an application for IMR for review of Tramadol 150mg #60; topical compound creams-Flurbiprofen / Capsaicin / Camphor 10/0.25% (120mg) and Ketoprofen/Cyclobenzaprine/lidocaine 10%, 3%, 5% (120gm).

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 150mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 92-93.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic, medication options (such as acetaminophen or NSAIDs), and when there is evidence of moderate to severe pain. Although it may be a good choice in those with back pain, the claimant's pain and functional response were not noted while on the medication. There was no indication of Tylenol failure. The continued use of Tramadol as above is not medically necessary.

Topical Compound Cream Flurbiprofen/Capaaicin/Camphor 10/.025% 12% 1% 120gm:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical NSAIDs may be use for a brief perior for osteoarthritis. It has not been studied for the neck, back or shoulders. In this case, the claimant's pain was in the neck. There was no indication of osteoarthritis. Pain scores and function were not noted. The continued use of topical Flurbiprofen/Capsaicin/Camphor 10/.025% 12% 1% is not medically necessary.

Topical Compound Cream-Ketoprofen/Cyclobenzaprine/lidocaine 10% 3% 5% 120gm:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical muscle relaxants such as Cyclobenzaprine are not recommended due to lack of evidence. Since the compound above contains topical Cyclobenzaprine, the compound in question is not medically necessary.