MAXIMUS Federal Services

Case Number:	CM15-0035892		
Date Assigned:	03/04/2015	Date of Injury:	07/22/2011
Decision Date:	04/15/2015	UR Denial Date:	02/18/2015
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: California
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 63 year old male, who sustained an industrial injury on July 22, 2011. He has reported injury of the low back and both knees. The diagnoses have included lumbar sprain and strain, and bilateral knee sprain and strain. Treatment to date has included medications, acupuncture, physical therapy, and imaging. Currently, the IW complains of bilateral knee pain, and low back pain. He rates his pain as 4/10 for both the low back and bilateral knees. He indicates his knees lock and give out on him. Physical findings reveal he has difficulty rising from a sitting position, an abnormal gait, and movement with stiffness. He has tenderness noted to the low back, and bilateral knees. Lumbar range of motion is: flexion 40, extension 15, and bilateral lateral bend 25. Range of motion for bilateral knees is: flexion 130. On February 18, 2015, Utilization Review non-certified Cyclo-Tramadol cream, and one refill. The Chronic Pain Medical Treatment guidelines were cited. On February 25, 2015, the injured worker submitted an application for IMR for review of Cyclo-Tramadol cream, and one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine-Tramadol cream, 1 refill: 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): 111-113.

Decision rationale: The patient presents with pain in low back and bilateral knees rated at 4/10. The request is for CYCLOBENZAPRINE -TRAMADOL CREAM, 1 REFILL. The request for authorization is not provided. MRI of the right knee, 01/05/15, shows osteoarthritis present with the medial compartment most involved and there is a small joint effusion, and there is prominent erosive changes present involving the proximal fibula. Patient reports moderate relief with chiro and pain is decreased from 7-8/10 to 4/10. Patient complains of knees locking up and giving out. Patient has had 12 sessions of physical therapy. The patient is returned to modified work. MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product."Treater does not provide reason for the request. MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. In this case, the requested topical compound contains Cyclobenzaprine and Tramadol, which is not supported for topical use in lotion form. Therefore, the request IS NOT medically necessary.