

Case Number:	CM15-0037214		
Date Assigned:	03/05/2015	Date of Injury:	03/11/2007
Decision Date:	04/17/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/27/2015

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: Texas, New York, 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 applicant is a represented 61-year-old who has filed a claim for chronic neck, mid back, bilateral shoulder, and elbow pain reportedly associated with an industrial injury of March 11, 2007. In a Utilization Review Report dated February 3, 2015, the claims administrator failed to approve requests for cyclobenzaprine, Ultracet, and several topical compounded creams. The applicant's attorney subsequently appealed. In a progress note dated January 23, 2015, the applicant was placed off of work, on total temporary disability, while naproxen, Prilosec, Ultracet, Flexeril, and multiple topical compounded medications were renewed. Functional capacity testing, chiropractic manipulative therapy, and physical therapy were also endorsed. Multifocal complaints of neck, mid back, low back, bilateral shoulder, and bilateral elbow pain were noted, 7-9/10. The applicant reported ancillary complaints of pain-induced sleep disturbance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol/Acetaminophen 37.5mg/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 79-80, 81. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for tramadol-acetaminophen, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, on total temporary disability, as of the date of the request, January 23, 2015. The applicant continued to report multifocal pain complaints as high as 7-9/10, despite ongoing Ultracet (tramadol-acetaminophen) usage. The applicant reported difficulty performing activities of daily living as basic as lifting, carrying, gripping, grasping, etc., despite ongoing medication consumption. All of the foregoing, taken together, did not make a compelling case for continuation of tramadol-acetaminophen. Therefore, the request was not medically necessary.

Topical Compound Cream; Cyclobenzaprine 2%, Gabapentin 15%, Amitriptyline 10% :
Upheld

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

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

Decision rationale: Similarly, the cyclobenzaprine-gabapentin-amitriptyline topical compound was likewise not medically necessary, medically appropriate, or indicated here. As noted page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as cyclobenzaprine are not recommended for topical compound formulation purposes. Since one or more ingredients in the compound are not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Topical Compound Cream; Capsaicin 0.025%, Flurbiprofen 15%, Gabapentin 10%, Menthol 2%, Camphor 2%: Upheld

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

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

Decision rationale: Similarly, the capsaicin-flurbiprofen-gabapentin-menthol-camphor compound was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, gabapentin, the tertiary ingredient in the compound, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Cyclobenzaprine 7.5mg q day #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

Decision rationale: Finally, the request for cyclobenzaprine was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine to other agents is not recommended. Here, the applicant was using a variety of other agents, including Ultracet, multiple topical compounds, etc. The 60-tablet supply of cyclobenzaprine at issue, furthermore, represents treatment in excess of the "short course of therapy" for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.