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| Case Number: | CM15-0037305 | | |
| Date Assigned: | 03/05/2015 | Date of Injury: | 05/31/2014 |
| Decision Date: | 04/21/2015 | 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 injured worker is a 60 year old male, who sustained an industrial injury on 5/31/14. He has reported neck and back injury. The diagnoses have included cervical sprain/strain, lumbosacral sprain/strain, thoracic sprain/strain and right and left shoulder sprain/strain. Treatment to date has included physical therapy, oral medications and topical medications. (MRI) magnetic resonance imaging of lumbar spine performed on 12/18/14 revealed L3-4 disc protrusion and facet hypertrophy with 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 with spinal canal narrowing and bilateral neuroforaminal narrowing and Schmorl's nodes at L1-3. (MRI) magnetic resonance imaging of right shoulder performed on 12/18/14 revealed complete full-thickness tears of the supraspinatus and infraspinatus tendons with gross retraction beyond the musculotendinous junction, partial thickness tearing of the subscapularis tendon, diminutive and frayed glenoid labrum, superior migration of humeral head with respect to the glenoid, glenohumeral joint effusion and fluid within the subacromial/sub deltoid space, fatty atrophy of supraspinatus, infraspinatus and teres minor muscles and glenohumeral osteoarthritis. Currently, the injured worker complains of constant neck pain with frequent headaches and right shoulder clicking and popping. No change is noted since previous exam.

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 Topical Analgesics Page(s): 112.

Decision rationale: The requested medication is a compound containing medications in the topical opioid and muscle relaxant classes. The MTUS Guidelines strongly emphasize that any compound product that contains at least one drug or drug class that is not recommended is itself not recommended. The Guidelines are silent as to the use of topical opioids, and the literature does not support their use. The Guidelines do not support the use of topical muscle relaxants. There was no discussion detailing extenuating circumstances that sufficiently supported the use of the requested compound in this setting. In the absence of such evidence, the current request for an indefinite supply of a compounded cream containing cyclobenzaprine and tramadol for, as needed use is not medically necessary.