MAXIMUS Federal Services

Case Number:	CM15-0044969		
Date Assigned:	03/16/2015	Date of Injury:	03/24/2014
Decision Date:	04/22/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/09/2015

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 37-year-old [redacted] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 24, 2014. In a Utilization Review Report dated February 26, 2015, the claims administrator failed to approve a request for a topical compounded cream. The claims administrator referenced a progress note dated February 13, 2015 in its determination. The applicant's attorney subsequently appealed. In a handwritten progress note dated June 24, 2014, difficult to follow, not entirely legible. The applicant was given a rather proscriptive 10-pound lifting limitation. It did not appear that the applicant was working with said limitations in place. Chiropractic manipulative therapy and an elaborate high-tech heating system were endorsed. Medication selection or medication efficacy was not discussed or detailed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine, Tramadol cream with 1 refill, as prescribed on (02/13/2015): 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: No, the request for a topical compounded cyclobenzaprine-tramadol cream was not medically necessary, medically appropriate, or indicated here. As noted on 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 were not recommended, the entire compound was not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.