

Case Number:	CM15-0047697		
Date Assigned:	03/19/2015	Date of Injury:	02/08/2011
Decision Date:	05/01/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/13/2015

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 48-year-old male, who sustained an industrial injury on 2/8/2011. He has reported injury to the left little finger, elbow, and shoulder after an incident on a ladder that required sutures. The diagnoses have included left fifth finger laceration, left shoulder sprain/strain, and left lateral epicondylitis. Treatment to date has included medication therapy, splint, physical therapy and steroid injections. Currently, the IW complains of continued left elbow pain rated 5/10 VAS, left shoulder injection 10/8/14 successful at relieving symptoms. The physical examination from 2/23/15 documented positive tenderness in left shoulder with positive Neer's test. An injection was administered to the left shoulder on this date. The plan of care included continued medication therapy including a topical compound cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclo Tram cream 180gm: 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 analgesic Page(s): 111-113.

Decision rationale: The 48-year-old patient complains of pain in the left elbow, rated at 5-6/10, improved left shoulder pain, and left hand pain, rated at 6-8/10, as per progress report dated 10/13/14. The request is for CYCLO TRAM CREAM 180 gm. The RFA for the case is dated 02/25/15, and the patient's date of injury is 02/08/11. Diagnoses, as per progress report dated 02/23/15, include left fifth finger laceration, left shoulder sprain/strain, left tennis elbow, sleep disturbances, and sexual dysfunction. Medications included Motrin, Prilosec and Cyclo/Tramadol cream. The patient has returned to full duty, as per progress report dated 10/13/14. Regarding topical analgesics, MTUS guidelines on page 111, state that there is no evidence for use of any muscle relaxants such as cyclobenzaprine as a topical product. In this case, a prescription for Cyclo Tram cream is only noted in progress report dated 02/23/15 while prior reports document the use of another topical compound. The treating physician does not explain the reason for the switch nor does the physician document why this topical formulation was chosen over other products. MTUS, however, does not recommend Cyclobenzaprine in topical form. Additionally, MTUS Guidelines also provide clear discussion regarding topical compounded creams on pg 111. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. This request IS NOT medically necessary.