

Case Number:	CM15-0049600		
Date Assigned:	03/23/2015	Date of Injury:	02/19/2014
Decision Date:	05/04/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	03/16/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 61 year old male, who sustained an industrial injury on 2/19/14. He reported initial injury to body parts: head, cervical spine, right shoulder and lumbar spine. The injured worker was diagnosed as having cerebral concussion with headaches; memory and cognitive problems; cervical strain/sprain; right shoulder strain; lumbar spine strain/sprain. Treatment to date has included physical therapy; CT head (2/21/14); MRI cervical spine (6/3/14); x-rays lumbar spine, right shoulder (10/30/14); MRI right shoulder (11/18/14); medications. Currently, the PR-2 notes dated 1/7/15, 2/5/15 and 3/10/15, the notes reference the guidelines used to recommend treatment of medication, EMG/NCV studies and include the Epworth Sleepness scale completed by the injured worker, as well as a question survey completed by the injured worker. The reviewer must go back to the PR-2 dated 10/30/14 in which a portion of the notes are hand written and partially illegible. These notes describe the injured workers complaints of headache, memory and cognitive problems, blurred vision. The provider is requesting multiple medications and the cyclo tram cream x 1 refill was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclo tram cream x 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112, 56-57.

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. Therefore, the request for Cyclo tram cream x 1 refill is not medically necessary.