

Case Number:	CM15-0082924		
Date Assigned:	05/11/2015	Date of Injury:	03/23/2007
Decision Date:	06/17/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/29/2015

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

Certification(s)/Specialty: Family Practice

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 58 year old male, who sustained an industrial injury on 3/23/2007. Diagnoses include cervical spine sprain/strain with left radiculitis, bilateral shoulder sprain/strain status post right shoulder surgery, bilateral wrist sprain/strain status post left surgery with residual, mild left borderline and right carpal tunnel syndrome, lumbar spine sprain/strain with left radiculopathy, bilateral knee sprain/strain with right knee tricompartmental osteoarthritis and left knee degenerative joint disease. Treatment to date has included medications, physical therapy, acupuncture, cortisone injections, hyaluronic injections and diagnostics. Per the Primary Treating Physician's Progress Report dated 2/13/2015, the injured worker reported lumbar spine pain rated as 6/10, bilateral shoulder pain rated as 6/10, bilateral wrist pain rated as 6/10 with numbness and tingling, and bilateral knee pain rated as 6/10 with associated clicking, popping and giving out. Physical examination revealed an antalgic gait. Examination of the bilateral knees revealed bilateral medial joint line patellar and sub patellar tenderness. There was positive patellar grind. There was tenderness to the cervical, cervical-thoracic, lumbar and lumbosacral spine with spasm. The plan of care included topical medications and authorization was requested for Cyclobenzaprine/Tramadol cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclotram cream: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. The MTUS Guidelines also state that topical muscle relaxants such as the cyclobenzaprine in the combination topical analgesic Cyclotram, is not recommended as there is insufficient supportive evidence to recommend them for general use in chronic pain. In the case of this worker, as a non-recommended medication was requested for use, the Cyclotram cream will be considered not medically necessary.