

Case Number:	CM15-0087154		
Date Assigned:	05/11/2015	Date of Injury:	12/09/2013
Decision Date:	09/08/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	05/06/2015

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 41 year old male, who sustained an industrial injury on 12-9-13. He has reported initial complaints of a back injury after a lifting event. The diagnoses have included thoracic spine strain and sprain, lumbar spine strain and sprain with right lower extremity (RLE) radicular symptoms, bilateral carpal tunnel syndrome, sleep disorder, and right tennis elbow. Treatment to date has included medications, off of work, activity modifications, physical therapy, acupuncture and epidural steroid injection (ESI). Currently, as per the physician progress note dated 1-7-15, the injured worker complains of thoracic spine, lumbar spine and right elbow pain with right lower extremity (RLE) radicular pain. The pain is rated 2 to 7 out of 10 on the pain scale. The current medications included Naproxen, Cyclo-Tramadol cream and Prilosec. The injured worker reports abdominal pain, stress, anxiety, and depression and sleep disturbance. The physical exam reveals mild distress, difficulty with rising from sitting, and he moves about with stiffness. It is noted that the medications are helping with the pain. The physician requested treatment included Compound medication: Cyclo-Tramadol cream, unknown dosage and quantity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound medication: CycloTram cream, unknown dosage and quantity: 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): 111.

Decision rationale: The patient was injured on 12/09/13 and presents with pain in his lumbar spine, thoracic spine, and right elbow. The request is for COMPOUND MEDICATION: CYCLOTRAM CREAM, UNKNOWN DOSAGE AND QUANTITY. There is no RFA provided and the most recent report provided from 02/04/15 indicates that the patient is to return to modified duties on 02/04/15 with the following restrictions: limited lifting, pulling, and pulling of 20 lbs. MTUS Guidelines, under Topical Analgesics, page 111 states the following regarding topical analgesics: "Largely experimental in use with few randomized controlled trials to determine efficacy or safety... There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug -or drug class- that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required." Cyclobenzaprine is a muscle relaxant and is not supported for any topical formulation. There is no support for tramadol as a topical compound. There is lack of evidence that topical tramadol can help chronic pain. The patient is diagnosed with thoracic spine strain and sprain, lumbar spine strain and sprain with right lower extremity (RLE) radicular symptoms, bilateral carpal tunnel syndrome, sleep disorder, and right tennis elbow. In this case, the report with the request is not provided, nor is there any discussion regarding this request. MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. In this case, the requested topical compound consists of Cyclobenzaprine and Tramadol, neither of which are indicated for use as a topical formulation. Therefore, the requested CycloTram IS NOT medically necessary.