

Case Number:	CM15-0088754		
Date Assigned:	05/13/2015	Date of Injury:	01/19/2014
Decision Date:	06/16/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/08/2015

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: North Carolina
 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 (IW) is a 30-year-old female who sustained an industrial injury on 01/19/2014 due to a fall. Diagnoses include cervicothoracic spine sprain--rule out left C7-8 radiculopathy; bilateral shoulder sprain; left elbow medial epicondylitis--rule out ulnar canal syndrome; bilateral wrist sprain with left carpal tunnel syndrome and bilateral DeQuervain's; lumbar spine sprain with left sciatica--rule out L5-S1 radiculopathy; and left hip pain. Treatments to date include oral and topical medications, TENS, epidural steroid injections with neuroplasty decompression and facet nerve blocks and acupuncture. MRI of the lumbar spine dated 5/21/14 showed diffuse disc protrusion with effacement of the thecal sac at L4-5 with disc material and facet hypertrophy causing narrowing of the left neural foramen that effaces the left L4 exiting nerve root. Electrodiagnostic testing of the bilateral upper extremities done 7/30/14 revealed evidence of bilateral carpal tunnel syndrome. According to the Doctor's First Report of Occupational Injury or Illness dated 4/1/15, the IW reported constant moderate to frequent severe low back pain with associated symptoms in the bilateral lower extremities. She complained of pain and associated symptoms in the shoulders, upper trapezius muscles, hands, wrists and forearms. On examination, there was tenderness to palpation over most areas of the spine, to the wrists, the left elbow, the left knee and hip and the right forefoot. The progress report from the primary orthopedic provider dated 11/7/14 states the IW had a history of psychological issues as diagnosed during a hospital visit, including bipolar disorder and depression with psychotic features with suicidal ideation to overdose on pills. This would preclude ordering oral

medications. A request was made for compound topical 1-cyclobenzaprine/tramadol and 2-Ibuprofen topical creams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound topical (Cyclobenzaprine/Tramadol, Ibuprofen) cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain chapter.

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

Decision rationale: The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) 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 requested medication contains ingredients, which are not indicated per the California MTUS for topical analgesic use. Therefore, the request is not medically necessary.